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THE  
DOMESTIC  
MANAGEMENT OF CHILDREN  
IN  
HEALTH & DISEASE  
ON HYDROPATHIC & HOMŒOPATHIC PRINCIPLES.  
BY  
WALTER JOHNSON, M.B.







**THE DOMESTIC**  
**MANAGEMENT OF CHILDREN**  
**IN HEALTH AND DISEASE.**



THE DOMESTIC  
MANAGEMENT OF CHILDREN  
IN HEALTH AND DISEASE.

ON

HYDROPATHIC AND HOMŒOPATHIC PRINCIPLES.

ILLUSTRATED BY

*Numerous Cases and Engravings.*

BY

WALTER JOHNSON, M.B., LOND.,

AUTHOR OF "PRINCIPLES OF HOMŒOPATHY."



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**THE DOMESTIC**  
**MANAGEMENT OF CHILDREN**  
**IN HEALTH AND DISEASE.**

believe in both Homœopathy and Hydropathy have been compelled to patch up a method of their own, by selecting this medicine from the Homœopathic, and that process from the Hydropathic book, whenever an emergency occurred that demanded action on their part. The present work puts this class of parents upon a par with the pure Homœopath and with the pure Hydropath.

The cases which are distributed through the work are all *Hydropathic* cases: for, as only a limited number of cases could be admitted, I preferred to publish Hydropathic rather than other cases, for these reasons:—Homœopathy is so widely spread, and can point to so large an array of successful cases published in scientific journals and in popular essays, and of cases unpublished, but generally known and talked of in society, that I deemed it superfluous to print *my* Homœopathic cases. Again: it would be of little use to print the cases which I have treated Homœopathically and Hydropathically in conjunction, because objectors would cry: "Oh! these cases were cured by Homœopathy. The water had nothing to do with the result." I have therefore printed only Hydropathic cases for the above-mentioned reasons, and because, as Hydropathy has strong prejudices to encounter, I hope that a few hard facts, seasonably brought forward, may contribute to put those prejudices to rout, and

advance the water treatment in the estimation of the public.

In prescribing Hydropathically for the various diseases which this work embraces, I have recommended very gentle and careful treatment, and not unfrequently less active treatment than might very properly be ordered by a Hydropathic physician in attendance. For very active treatment ought to be left to experienced practitioners: the uninitiated cannot safely meddle with it, and it is better to do too little than too much.

The principal writers from whom I have derived assistance in the composition of the following pages are Drs. Underwood, Maunsell, and Evanson, Churchill, Andrew Combe, Watson, Hartmann, Iahr, Hempel, Marcy, Chepmell, Laurie, Hering, &c. The "Domestic Physician" of Dr. Hering, and the "Domestic Practice of Homœopathy" of Dr. Laurie, cannot be too highly esteemed. I have also to acknowledge that I have abridged, from Dr. Roth's work on "Movements in Chronic Disease," a short and very imperfect account of the Kinesipathic treatment. Let me recommend the work itself to the general reader, as an important contribution to the study of the effects of muscular movements in developing the powers of the system, and curing some forms of disease.

With the permission of the writer, I here adjoin a

note from a gentleman well known in the commercial world. It will be seen that experience shows that the Hydropathic principle is as applicable to the rearing of children as to the cure of disease. I need only remark in addition, that Mr. De Pothonier's children are as fine, handsome, and healthy children as can be seen anywhere.

"ST. JOHN'S WOOD, RHODA VILLA, LONDON,  
23rd August, 1856.

"MY DEAR SIR,

I have duly received your note, and beg to apologize for not having replied ere now; the cause has been unusual calls on my time for the past three weeks.

"I learn with pleasure that you are about filling up a gap that has long existed in Hydropathy. My own convictions are from my personal experience, that the systematic and temperate use of water from infancy upwards has proved in my own family of children of the greatest benefit, both in fortifying the system, and, in many cases, it has in my belief warded off prevalent diseases. I may further observe that the publication of a book such as you describe, to direct the heads of families in the use of water on their progeny, is a great boon to those who, like myself, have no confidence in drugs. Many, from fear of making mistakes, and being at a distance from physicians practising Hydropathy, must content themselves with the knowledge of the advantages that would result from the use of water, but dare not use it, having no book of directions. Pray send me five copies of your new book to distribute amongst my friends, when published.

"Sincerely yours,

A. N. DE POTHONIER."

WALTER JOHNSON.

MALVERN BURY HYDROPATHIC ESTABLISHMENT,  
GREAT MALVERN.

# LIST OF MEDICINES

RECOMMENDED IN THIS WORK.

Aconite	Cina
Agaricus Muscarius	Clematis
Alumina	Cocculus
Ammonia Carbonas	Coffea
Antimonium Crudum	Colocynth
Metallicum	Conium
Tartarizatum, other-	Copaiba
wise named Tar-	Crocus
tarus Emeticus	Cuprum Aceticum
Argentum Nitratum	Metallicum
Arnica	Digitalis
Arsenicum	Drosera
Asarum	Dulcamara
Aurum	Eugenia
Baryta Carbonas	Euphorbium
Belladonna	Euphrasia
Borax	Ferrum
Bromium	Graphites
Bryonia	Helleborus Niger
Calcarea	Hepar Sulphuris
Calendula	Hyoscyamus
Camphor	Hypericum
Cannabis	Ignatia
Cantharis	Iodium
Carbo Animalis	Iodide of Arsenic
Vegetabilis	Ipecacuanha
Causticum	Kali Bichromatum
Chamomilla	Carbonas
Charcoal	Kreosote
China	Lachesis
Cicuta	Laurocerasus

Lycopodium	Ruta
Magnesiae Carbonas	Sepia
Sulphas	Silicea
Mercurius Corrosivus	Spigelia
Vivus	Spongia
Mezereum	Stannum
Muriatic Acid	Staphisagria
Natrum Carbonatum	Strammonium
Muriaticum	Strontium Carbonicum
Nitric Acid	Sulphur
Nux Vomica	Sulphuric Acid
Opium	Taraxacum
Phosphorus	Thuja Occidentalis
Phosphoric Acid	Valerian
Platinum	Veratrum
Plumbum Aceticum	Viola Tricolor
Pulsatilla	Zincum
Rhus Toxicodendron	

[It is recommended that the above-named medicines should be procured in the form of globules of the 30th potency.]

THE  
HYDROPATHIC AND HOMŒOPATHIC  
MANAGEMENT OF CHILDREN.

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9  
PART I.—CHAP. I.

INFANT MORTALITY AND ITS CAUSES.

THE earliest days of human life are the most exposed to the perils of death and disease; and in all times and places very young infants contribute most largely to the general annual mortality. Every week added to the infant's age renders its life more secure, for every week its fragile frame grows more stable, and by degrees its intelligence, slowly expanding, becomes capable of taking part in the defence against external injury of the delicate organism. Susceptibility to disease, and consequently liability to premature death, gradually decrease as infancy merges into childhood, and childhood into maturity, at which period of life the vigour of the human body is at its maximum. These facts are well illustrated by the following statistics, drawn from the Reports of the Registrar-General. During the twelve months preceding June 30, 1841, there were registered:—

<i>Deaths at all ages</i> . . . . .	350,101
<i>Deaths of Children under five years—</i>	
Under one year . . . . .	76,328
Between one and two years . . . . .	65,419
	<hr/> 141,747 <hr/>

Hence children under five years of age constitute rather more than 40 per cent. of the whole number of deaths. In other words, of every five persons who die, two are children under five years.

The comparative mortality at different periods, from birth till the age of five, will appear from the following statement :—

Age.	Males.	Females.	Total.
Under 1 month . . . . .	13,274	9,603	22,877
1 month and under 2 . . . . .	4,782	3,803	8,585
2      —      3 . . . . .	3,521	2,782	6,308
3      —      6 . . . . .	8,344	6,612	14,956
6      —      9 . . . . .	6,717	5,350	12,067
9      —      12 . . . . .	6,162	5,378	11,540
Total under 1 year . . . . .	<hr/> 42,800 <hr/>	<hr/> 33,528 <hr/>	<hr/> 76,328 <hr/>
1 year and under 2 . . . . .	15,304	14,538	29,842
2      —      3 . . . . .	8,125	7,827	15,952
3      —      4 . . . . .	5,666	5,737	11,403
4      —      5 . . . . .	4,129	4,093	8,222
Total between 1 and 5 . . . . .	<hr/> 33,224 <hr/>	<hr/> 32,195 <hr/>	<hr/> 65,419 <hr/>

The much greater mortality of males than females under a month old, as shown in the above tables, is

remarkable; after the first year, the deaths of males and females become more proportionate to the relative number of each sex. Between the 15th and 25th years the mortality is greater in females, as will be seen in the following table.

The great cause of this disproportionate mortality may be found in the changes which occur in the female constitution about this period, and the multitude of diseases to which it becomes in consequence subject. Many marriages are also effected at this age, and the danger and diseases attendant upon parturition play their part.

Age.			Males.	Females.	Total.
5 years and under	10		9,363	9,096	18,459
10	—	15	4,556	4,913	9,469
15	—	20	5,717	6,628	12,345
20	—	25	6,666	7,283	13,949
Total between 5 and 25			26,302	27,920	54,222

It will be found, on examination, that every successive Report of the Registrar-General agrees substantially with that above quoted.

Now, so great an excess of mortality among infants and children over that which prevails among adults deserves to excite general attention, and is calculated to rouse a suspicion that this excess of deaths results from mismanagement, and is not a necessary evil. And, upon investigation, we find this suspicion corroborated by fact, and are able to trace a very large proportion of these deaths to causes that might

have been prevented. Thus we find Mr. George Müller, in his "Brief Narrative," stating that "At the commencement of the last period there were 297 orphans in the New Orphan House on Ashley Down, Bristol. During the past year there have been admitted into it 25 orphans, making 322 in all. Of these 322, one died during the past year. Only one! I desire to dwell upon this with gratitude to the Lord. God helping us, we desire to trace his hand in everything; at the same time, the longer I am engaged in the Orphan work, and see the effects which are produced by regular habits, cleanliness, nourishing food, proper clothing, good ventilation, a healthy locality, &c., the more I am convinced that at least one-half of the children among the poorer classes die for want of proper attention. I do not state this to find fault with them; I rather mention it in the way of pity and commiseration, and, if it might be, to draw the attention of the public to the fact. If anywhere the mortality among children should be great, humanly speaking, it should be so among us, because we generally receive the children very young, and also, because the very fact of these children, while so young, having been bereaved of both parents by death, shows that their parents, generally speaking, were of a very sickly constitution. Indeed the greater part of the orphans whom we have received lost one or both parents through consumption. And yet, though such is the case, we have seen again and again, how children who came to us in a most diseased state, through proper attention, have, by the blessing of God, been brought

out of that state, and are now very healthy. But again and again we receive children whose countenances at once show that they have not had sufficient food, or were in other respects greatly neglected. With these facts before me, and the experience of more than twenty years confirming my judgment concerning these things more and more, how can I but labour on in the Orphan work." It will be our business in this chapter to inquire into the principal preventible causes of disease in childhood.

*Temperature, &c.*

Cold and damp and darkness depress vital power; sunshine and warmth elevate it, and sustain it at par. The truth of these remarks may be made evident by a few statistical observations. The month of January, 1795, was an unusually severe month; while the corresponding month of the year ensuing was particularly mild. Of these two successive winters, one was the coldest, and the other the warmest, of which any regular account had been kept in this country. In the month of January, 1795, the thermometer upon an average stood at 23° F. in the morning, and at 29° F. in the afternoon; *always below the freezing point.* In the same month in 1796, it stood at 43° F. in the morning, and at 50° F. in the afternoon; *always much above the freezing point.* *The average difference in the two months was more than 20 degrees.* In the five weeks beginning upon January 1st, 1795, *there were in London 2823 deaths;* in the five weeks beginning on January 1st, 1796, *there were only 1471.* The differ-

ence (1352) is enormous. *The mortality in the former year was nearly double that of the latter.*

In the 3rd Annual Report, Mr. Farr proves by numerical statements, that in London the degree to which the mean monthly temperature descends in December, January, and February, determines to a great extent the mortality of the winter. The mean temperature of the external air in London is  $50\frac{1}{2}^{\circ}$ . *In proportion as the mean temperature of the day and night falls beneath that point, the mortality progressively increases.* "The rise in the mortality," says Mr. Farr, "is immediate; but *the effects of the low temperature go on accumulating, and continue to be felt thirty or forty days after the extremities of the cold have passed away.* The cold destroys a certain number of persons rapidly, and in others occasions diseases which prove fatal in a month or six weeks. The practical lesson taught by those facts is obvious: a great number of the aged, and of those afflicted with difficulty of breathing (and of weakly children), cannot resist cold sunk so low as  $32^{\circ}$ . The temperature of the atmosphere in which they sleep can never safely descend lower than  $40^{\circ}$ ; for if the cold that freezes water in their chamber do not freeze their blood, it impedes respiration, and life ceases when the blood-heat has sunk a few degrees below the standard."

From the above plain facts it follows irresistibly, that no weakly person, and *a fortiori* no weakly child, should be exposed to very low temperature, but its animal heat should be carefully maintained by suitable clothing (*vide* chapt. on this subject), exercise, &c.;

and if clothing, and other ordinary hygienic means, be insufficient to maintain a genial and comfortable warmth, then this warmth must be promoted by heating the apartments in which he passes his time, whether sleeping or waking, by fires, by the use of the warm bath, or other artificial means. Here, however, we are in danger, if we take a one-sided view of the subject, of running into the extreme of unnaturally coddling children; of making them tender, sensitive, and susceptible. This extreme, however, is far less dangerous than that of attempting to harden children by heroically exposing them to every vicissitude of wind, wet, and weather.

The defective clothing of the children of the lower classes, the frequent inability of their parents to purchase fuel and warm their houses, inevitable exposure to the fluctuating weather, are among the most effective causes of the mortality which decimates the infant poor. In illustration of this point, take the following fact cited by Mr. Chadwick, in his paper on the "Pressure and Progress of the Causes of Mortality:" Journ. of Statist. Society, vol. vii. 1844. It appears from the District Returns of the Metropolis, 1839, that the ratio of deaths of the children of gentlemen to the total deaths is 1 in  $4\frac{1}{8}$ ; that of the children of tradesmen, 1 in  $2\frac{1}{6}$ ; that of the children of labourers, 1 in  $1\frac{1}{8}$ ." Of course, the whole of this remarkable difference in the mortality of children in different ranks of society is not owing to exposure; for there are other influential causes at work, as insufficient diet, general neglect, &c., in destroying the off-

spring of the poor ; but exposure is among the most active of these causes. Mr. Chadwick observes : " It has been shown in the Sanitary Report, that in the same districts where one-fourth of the children of the gentry died, more than one-half of the children of the working classes have died ; and this excess of deaths among the poorer classes was traced to preventible causes."

Winter favours the production of colds, of coughs, and other severe affections of the lungs, and causes apoplexies and diseases of the kidney ; but all of these diseases are relieved in summer. The reason of these phenomena is obvious ; for the *prolonged* application of cold, it is well known, drives the blood from the surface of the body into the heart, lungs, brain, and kidneys, and these organs are apt to pass from a state of engorgement to a state of inflammation. On the other hand, warmth (*not great heat*) draws the blood from the great internal organs to the surface, and consequently frees the heart, lungs, brain, and kidneys from peril from this cause. But in addition to the beneficial effect which summer has upon the circulation, by removing congestion and equally distributing the blood over the whole body, it has a powerful and specific effect upon the nervous system. The warmth which pervades the atmosphere at this season soothes and quiets the nerves, and a sense of comfort and physical pleasure is spread, as it were, over the whole system. The effect of summer upon the system is very similar to the effect of a warm bath. It is true that in the first instance the warmth is imparted to

our bodies through the medium of air, but in the second through the medium of water ; but this is by no means a very essential difference. As the effects of a warm bath vary, so also summer varies in its influence upon individuals. Certain delicate persons, taking at regular periods the warm bath for a brief space (a few minutes), experience therefrom not only a pleasurable sensation, but positive benefit ; the appetite improves, digestion is restored, the body is better nourished, the secretions flow freely, sleep is induced, and, in short, a fresh accession of strength and vital power results. Such also are in many cases the effects of summer upon the constitution. But on the other hand, it happens not unfrequently that the warm bath produces lassitude, relaxation of the skin, undue perspiration, and debility of the circulating organs, as evinced by nausea, giddiness, fainting, &c. ; and these effects are frequently also produced in summer, if the temperature be rather high, or the individual of a peculiar organization.

As summer advances, the heat, if it grow unduly intense, begins injuriously to affect the constitution. The skin is over-excited, and forced to pour forth an excessive amount of perspiration ; the pulse is increased in frequency ; and the stomach, liver, and bowels, sympathizing with the skin, are in like manner roused to increased action. A large amount of bile is emptied by the liver into the bowels, and the natural secretions of the stomach and bowels are so augmented in quantity as to set up vomiting and diarrhoea ; and if

this process extend beyond a certain limit, inflammation of the stomach or of the bowels occurs.

The sympathy between the skin, and alimentary canal, manifested in the manner just described, is illustrated also by a fact well known to hydropathic practitioners, viz. that the hot air-bath frequently stimulates the bowels as well as the skin, and is an excellent remedy in some forms of constipation. Sometimes the hot air-bath deranges the bowels, and sets up a diarrhoea precisely similar to that which is produced by the heats of summer and autumn. Diseases, therefore, of the organs of the belly prevail in summer; diseases of the chest in winter.

One of the maladies produced by heat, and therefore more common in summer, is the coup de soleil, or sun-stroke. A person whose uncovered head is exposed to the rays of a vertical sun is not very unfrequently attacked with a sort of fit, which sometimes bears a resemblance to apoplexy, but at other times is more like an ordinary swoon. When the patient recovers his senses, he usually vomits and complains of severe pain in the head, which may either shortly subside or become aggravated into delirium, and even run on to inflammation of the brain and prove fatal. The proper remedy for an attack of this kind in the first instance is to pour cold water over the head.

It is apparent that here again the rich have the advantage over the poor; for as in winter they are able to protect their children by warm clothing, sufficient and proper food (food is the source of all the animal

heat generated by the body itself), heated apartments, warm baths, and even, if necessary, removal to a mild climate; so they can guard against the heats of summer by clothing appropriate to the season, large well-ventilated apartments sheltered from the intrusive rays of the sun, cold baths, cooling diet, and, if requisite, removal of their children to a cooler locality. All these means are at the command of the well-to-do, and to a great extent, although not nearly to the extent that they ought, they avail themselves of them.

But the children of the poor, deprived of these means of health, sicken and die.

*Drugging. Bad medical Treatment.*

In enumerating the causes of infantile mortality, we must not omit the subject of medical treatment. It is certain that, among the labouring classes, thousands of children perish from lack of medical treatment; because either their parents are too poor to pay the medical man, and too proud to accept the services of the parish doctor, or if they do call in the parish doctor, that over-worked, ill-paid officer has not time at his disposal to attend properly to the case. Among the very poor too there prevails a frightful apathy on the subject of their children's lives; they are often apt to think it "a blessing if God should please to put an end to its misery, poor little lamb!" They see nothing but moil and toil and trouble laid up for the infant in its future career, and it is a constant tax upon themselves; and so they do not greatly grieve if it departs.

Among children of the same classes, dreadful havoc

is made by the custom of giving them opiates to keep them quiet, while their parents are occupied in factories, or in other ways. In the Second Report of the Commissioners for inquiring into the State of Large Towns and Populous Districts, it is stated that opiates are extensively used by the lower classes, for the purpose of dosing their children, not only in the form of Dalby's carminative, and other quack medicines, but in that of pure laudanum. There is an estimate that one druggist supplies 700 families weekly with the "medicine." Dr. Playfair remarks, after some observations of this kind:—"Thus we have three druggists, all of acknowledged respectability, in one district of Manchester, selling respectively five and a half, three and a half, and one—in all, nine gallons weekly; two of them testifying, that almost all the families of the poor in that district habitually drug their children with opiates; and the third, after a lengthened examination of all the customers who attended a pawnbroker's shop kept by a relation of his own, giving as a statistical result, that five out of six of the families in his district were in the habitual use of narcotics for children."

In Rochdale and other towns similar evidence is given. At Rochdale, one inquirer states that, out of ten families of the operatives, six are in the habitual use of opiates; while another druggist, who also had abundant opportunities of knowing the custom, considers that one-third of the working people used these sleeping stuffs. At Clitheroe, 4000 poppy-heads are annually sold, for making "*sleeping tea*" for children. In Roch-

dale, the poor, finding Godfrey and Dalby too expensive, have got into the practice of buying, at a time, a pennyworth of solid opium, and a pennyworth each of anise and caraway seeds; these they boil with sugar and treacle, and dose the children with the mixture. And so Dr. Playfair goes on with fact after fact, all alike, yet all different, dwelling upon them with a praiseworthy but sickening minuteness. The little victims, with a wonderful precocity, are described as stretching out their tiny hands for the bottle,—for they know it,—and when they get it, drink it as eagerly as a drunkard empties his glass. Equally deplorable is the description given by a druggist, who says, “I have seen the little children in the shop put the neck of the bottle in their mouths and bite the cork, so fond are they of the preparation; for, coming in the shop so often, they know the bottle.”

The children of the rich escape dosing with opium; but they are actively enough drugged with calomel, which of the two poisons is decidedly the worst. Or, in the place of calomel, they get a mixture of mercury and chalk, known by the name of grey powder. You will often find rich parents watching with the most ridiculous attention their children's motions; and if they perceive any little change of colour, any supposed absence of bile from them at any time (although the children may be in excellent health), they immediately administer calomel or grey powder, or run off in alarm to the doctor, who, to pacify them, orders what they desire—viz. mercury in some form or other. The effect of this proceeding is ruinous to

the child's health, and has been so well described by Mr. P. Hood, in his *Practical Observations on the Diseases most fatal to Children*, that I shall, in spite of the length of the extract, make no apology for transcribing it. Coming, as it does, from an allopathic practitioner, it is doubly valuable.

"There is a prevalent idea," says Mr. Hood, "not only amongst the unscientific, but amongst medical men, that children bear the administration of calomel better than adults; and the reason assigned for this is, that in the bowels of children there is a much greater quantity of mucus, and that the irritative effects are consequently not so much felt. I feel persuaded that this vulgar error frequently induces the worst consequences.

"It is true that there is a much greater quantity of mucus in the bowels of children than in those of adults; but it also appears to be no less true, that this abundance of it in the former is expressly supplied by nature to shield those parts so tender in infant life, and to protect them from the effects of any irritating substance. A dose or two of calomel to a child speedily removes this protection of the bowels in infancy, and if repeated doses are administered, there ensues a train of symptoms of so serious a character, as sometimes to endanger the child's life. A short description of the state thus induced may not be unacceptable:—The child appears suddenly to lose all its strength; its arms and legs hang helplessly down; it is peevish and fretful; the face assumes a pinched expression; one cheek is generally observed to be flushed, the other

remaining quite pale ; the eyes are heavy, with a peculiarly sorrowful look. The abdomen feels hot to the hand ; and, from the irritative fever produced by the medicine, there is a dryness of the lips, which the child constantly picks ; the nose also, from being deprived of its natural moisture, becomes dry and itches, and this the child also picks. In fact, the state strongly resembles the worm fever : the irritation, though arising from different causes, produces a similar train of symptoms.

“ When a medical man is called to a child suffering in this way, the parents are not always candid enough to tell the nature of the medicine the child has been taking, and it may so happen that the fact of calomel having been given is deemed of slight importance (for I have repeatedly met with parents who have thought nothing of giving two, three, or more grains of calomel).\* This state then is one in the treatment of which the practitioner may be likely to err, especially if he be tinctured with the French theory of medicine, which mostly refers all appearances of this kind to inflammation of one or other part of the intestinal canal.

“ If the tip of the tongue be red (which it usually is), the complaint is at once decided to be inflammatory. The course then adopted generally consists in the ap-

\* It must, however, in candour be confessed, that the lamentable disease described by Mr. Hood is very far more frequently produced by medical men themselves than by parents. Inexcusable ignorance of the effects of the drugs they employ prevails among the large class of general practitioners. They can, or will, see nothing but good in physic ; and the fatal error is imbibed by the public, who blindly commit their lives to any noodle who can display a diploma.

plication of leeches either to the pit of the stomach or abdomen ; the child, expressing a feeling of pain when the bowels are pressed, seems to justify this step. In all probability, calomel will be administered ; the evacuations will then become of a grassy green and stringy, or like the water in which spinach has been boiled. If the child be of a vigorous constitution, the irritation will become greater and greater ; if, on the contrary, it be feeble, it will lie with its legs stretched out, indifferent to all around it, until death closes the scene. In the former case, it is possible that the child may recover ; if it should, the convalescence will, in all probability, be tedious, and the state of health long continue delicate. Children who have been over-dosed with calomel have an old look, which arises from the bones appearing prominent, and the face losing its roundness, in consequence of the absorption of fat."

It is the settled conviction of a very large number of medical men, that inflammation can only be subdued by the abstraction of blood, the use of mercury, antimony, cooling and purgative medicine, blistering, and the other resources of the so-called antiphlogistic treatment. Now children, from the small size of their chest, the imperfect development of their lungs, and the rapidity of their circulation, very frequently exhibit symptoms of disorder in the functions of respiration and circulation. The breathing is hurried, the pulse is very quick, the skin hot ; and yet there exists only functional disturbance. But persons—even medical men—not very familiar with the diseases of childhood, or blinded

by theory, are liable to confound these symptoms with those of inflammation, and to unsheath against this phantom, inflammation, all the terrible weapons of the antiphlogistic treatment. And the consequences of this reckless practice are most disastrous. "S'ils n'emportent pas le mal, ils emportent au moins le malade"—"if they fail to carry off the disease, at least they carry off the patient." Apropos of this most pernicious system, I will again quote the words of Mr. Hood, whose extensive experience in this line of practice, and sound good sense, give weight to what he utters:—"Theory," says Mr. Hood, "however erroneous, is harmless when confined within the boundaries of abstract science; but as soon as it passes those limits, and assumes to direct a practice without experience, and without regard to facts and consequences, it becomes a positive evil; and more particularly so in the practice of medicine, where the fallacy of a theory is demonstrated by the death of those on whom it is tested." Again, on the subject of bronchitis, or inflammation of the lungs, in infants Mr. Hood remarks:—"These views of the nature of the disease and of its treatment are generally adopted in this country; but *I do not hesitate to declare, that the great mortality of young children from this particular affection arises chiefly from the attempt made to subdue the disease by the abstraction of blood.*" In regard to convulsions and inflammation of the brain, Mr. Hood says:—"In looking over several cases which I have known treated by bleeding or leeches, when the brain was suffering from congestion in infants, *I am unable to point to one in*

*which the treatment was successful.* There was usually an abatement in the violence of the symptoms for a short period, when blood had been drawn; but they invariably returned with redoubled vigour, and *death appeared to be hastened by the use of blood-letting as a remedy.*"

Speaking of croup, Mr. Hood remarks:—"Some years ago I had the opportunity of witnessing several cases of this disease, occurring in children past the age of dentition, treated by a gentleman of high character in his profession, who viewed the disease as arising from inflammation, and adopted blood-letting as the chief remedy. Most of the cases terminated fatally." It must not be supposed that if a child, attacked by acute disease, is lucky enough to possess a constitution that carries him through both the disease and depleting treatment, that he has escaped unhurt. No; his life-blood has been drained, his organs poisoned, his constitution shattered. For years, perhaps for life, his feeble frame will invite the attacks of disease; and, if disease should come, nature having so little power to expel it, he will very probably fall a victim. In this insidious and often unobserved manner, the horrible "antiphlogistic treatment" saps human life at every stage of its progress. A girl of 14 was treated *by mistake* for inflammation of the brain; and during the course of the affection, 12 dozen leeches were applied to the head. Being a girl of strong constitution, she did not sink under the loss of so much blood, but for weeks seemed suspended between life and death. This occurred in 1843. She also lost her voice. Nearly a year afterwards she had not

recovered it more than to speak in a whisper: she also remained in a state of great debility, being incapable of any exertion without great fatigue. Her blood was watery, and deficient in red particles.

Enough has been said, it is presumed, to prove that one great cause of the excessive mortality among children is the medical treatment to which they are subjected.

A considerable proportion of the children that are born into the world is feeble and cachectic from the womb: and this fact is anything but surprising when we reflect that the infant inherits from its parents their physical constitution, just as it inherits their features. The child of healthy parents is healthy; the child of unhealthy parents is necessarily unhealthy. Now looking at the great numbers of unhealthy parents, we are prepared to find great numbers of unhealthy children. We find, sown through society, not a few positively diseased parents—persons who have entered upon the marriage state, although devoured by consumption, gout, rheumatism, epilepsy, eccentricity all but amounting to insanity, leprosy, and other maladies not less fearful than these. Naturally, the progeny of such individuals are diseased from the moment of conception. It is not necessary, however, to dwell upon these cases, for they are visited with reprobation by every one to whom they become known. But there is a far more numerous class, who beget unhealthy, that is to say, delicate, feeble, cachectic children, because their own condition which they regard as ordinary health, is in reality one of great disorder. The condi-

tion to which I allude is termed variously Debility, Nervousness, Nervous Debility, Indigestion, Dyspepsia, Biliousness, Bilious Disorder, "Mucous Membrane," "Stomach," "Liver," Congestion of the Uterus, &c., according to the fancy of the practitioner or the whim of the patient. The sufferer in a great many cases, particularly if a female, believes that there is nothing really wrong; that everybody has something or other to complain of; that rude or robust health is the privilege of ploughmen and dairymaids; and, in short, she cannot be persuaded that there is any necessity to go upon the sick list. Yet ask the following questions, and you will get the following answers:—How do you sleep at night? Rather restlessly; I have unpleasant and worrying dreams.—How do you wake? As tired and sometimes more tired than when I went to bed, with a parched mouth and a white tongue.—How is your appetite? Very bad at breakfast, better at dinner, best at supper.—Do the bowels act? Not properly.—Can you walk? Very little, I am so easily fatigued.—Are you nervous? Yes.—Are you frequently visited with low spirits? Yes.—Are you dyspeptic? Yes.—And yet there is nothing the matter! No; one is only a little out of sorts! Having elicited these things from the gentleman, turn round to the lady, and ask her:—Have *you* all the above symptoms? Yes.—Do you, in addition, suffer pain and weakness and distress in the back? Yes.—At certain times do you feel so ill and wretched, and good-for-nothing, that you can hardly drag through the necessary duties of the day? Yes.—Have you palpitation of the heart and

distress of breathing on slight exertion? Yes.—Are you subject to head-aches? Yes.—Is menstruation brief and painless and unattended with physical distress? No; in every respect the contrary.—Yet this lady is foolish enough to imagine herself in good health! Why, it is absurd upon the face of it; and its absurdity is woefully demonstrated by the appearance of the child of such a husband and such a wife. Look at it, puny and pale and fretful little being!—It is for ever in the hands of the doctor. And when it comes to that great business of infancy, tooth-cutting, what miseries it undergoes! Bowel-disorder, fever, general irritation, cough, indigestion, and at last, perhaps, convulsion upon convulsion, worry its little life out. If it escape this ordeal, it has to pass through the dangers of measles, scarlet-fever, hooping-cough, &c.; and each of these maladies shakes to its very root the feeble plant, which the mother is rearing with such infinite pains. And grown somewhat older and somewhat stronger, having, as it were by a miracle, slipped a hundred times through the hands of death, it is still heart-sad-denying to see the pale weird face and frail form of the little lad, who seems too slight a thing to withstand the rough accidents of this work-day world. His tongue, you see, is unnaturally white; his bowels are apt to suffer from griping pains; he is very likely troubled with worms; his appetite is dainty; his *teeth are dirty and decay*: his constitution is almost as susceptible as a hothouse plant. In one word, the father and mother were sickly, and their child is sickly in consequence. The parents violated the laws of God and of

Nature, and the sin is visited upon their offspring. Now, what are we to do with such children? What is usually done is simple enough, and consists either in leaving them to struggle through their troubles as best they may, which always involves much misery and disease, and sometimes premature death; or the child is put into the hands of the doctors. In this case the poor little animal is put upon an unnaturally stimulating diet of animal food, soups, jellies, broths, wine, and beer: its stomach and bowels are inflamed by purgative medicines; its liver is irritated by grey powder, calomel, and other preparations of mercury; its brain and nerves are fretted by opiates, or other sedatives; its blood is poisoned; its constitution ruined. Now and then comes an episode of three months by the sea-side—a course of cod-liver oil, a course of quinine, a course of iron, and so on *ad infinitum*. This, clearly enough, is *not* what we ought to do with our delicate children.

In Hydropathy and Homœopathy we possess the means, not only of *curing*, but also of *preventing* disease, of purifying impure blood, of rectifying disordered secretions, of giving tone to feeble nerves, of cleansing foul mucous membranes, of improving the energy of a weak circulation, of enlarging the bulk of muscles, of augmenting the quantity of blood, of stimulating nutrition, so as to increase the rapidity of growth. In short, we can mend a bad constitution—turn feebleness into strength, and delicacy into hardy vigour. This then is the system we are in search of; and this is the system which we press upon the attention of the parents of weakly children. It must not, however, for a

moment be imagined that this system is magical in its effects—No; it must be adopted early, and *steadily persevered in for years*. No sudden transformations are wrought, and none ought to be expected; but there will be a slow and certain improvement, which no other means can produce. And why should parents grudge the devotion of years to the *physical* education of their children? Is not the enjoyment of good health during one's earthly pilgrimage an object of *extreme* importance? Is it not *essential* to our happiness, essential to the happiness of others, essential to our usefulness as members of society? Beyond doubt it is; and the nations of antiquity, wiser than we, recognised the fact, and cultivated the health of their youth with assiduous attention. Xenophon tells us, in his *Cyropædia*, how carefully the Persian youth were trained in all those exercises which harden and invigorate the body; and the pages of the classical writers of Greece and Rome abound with proofs of the earnestness with which their countrymen pursued the same subject. Children were systematically taught to run, to wrestle, to throw the pila, and other gymnastic exercises; they were taught to ride, to swim, to draw the bow, to wield the sword; they were inured to bear hunger, fatigue, cold, and privation of various kinds; and the result was that the first and last of these great nations, each in its palmy days, before luxury enervated its prowess, ruled the greater part of the civilized world. Scientific discoveries have opened to ourselves means and appliances unknown to the ancients; but the ancients turned to advantage their

imperfect resources, and grew up in the pride of manly strength; while we, neglecting our abundant opportunities, suffer our children to languish through infancy and childhood, pallid spectacles of disease, and to die, perchance, ere puberty, by the lingering martyrdom of consumption!

In treating constitutionally weakly children, it is evident that we should have two objects in view. The first is to eradicate the morbid taint; the second is to develop all the powers of the system. The first object, viz. that of eradicating the morbid taint, may be effected by neutralizing, as it were, the morbid influence by those medicines which Hahnemann calls antipsorics; or it may be done by bringing it to the surface in the form of a rash, or throwing it out in the shape of diarrhœa, or other so-called critical evacuations, produced by hydropathic measures. In most cases a combination of both methods is found serviceable. We may bring out what can be brought out by the water-treatment, and neutralize by antipsoric medicines any dregs of the morbid taint, should any remain unexpelled. In illustration of what I mean, I may quote the following case:—"S. W., a female child aged ten months, was brought to me under the following circumstances. At the time of the child's birth, her mother *was suffering from chronic leprosy*, which had been repeatedly but ineffectually treated by large doses of arsenic. The child at birth and afterwards was a poorly looking thing, pale and evidently cachectic. It was brought up by hand from the first. After three months, *red spots began to appear upon the cheeks*,

*chin, arms, and other parts of the body, and small superficial sores were formed—little scrofulous ulcerations.* Together with this, the child became subject to a chronic cough, which was loose, but unattended with expectoration; for children of this age do not expectorate, but swallow the mucus which they cough up from the lungs. The cough was frequent and troublesome, and at every attack a distinct mucous rattle could be heard in the chest. The susceptibility of the lungs increased as the child advanced in age, so that her parents dared not carry her out into the air at all; for every time she was taken out, her cough was exasperated, even when the weather was remarkably warm and fine. They were even afraid to carry her past an open door within the house, having repeatedly found her condition made worse by so doing. Under these circumstances they brought the child to me. *I prescribed a wet sheet-packing, followed by a tepid shallow bath, once a day for a week; and afterwards a wet sheet-packing, followed by a tepid shallow bath, twice every day—viz. at noon and at five in the afternoon.* The mode of packing which I adopted was to wrap round the child's body (not including the arms nor the legs below the knees) a damp bandage, and then to place the child in her cot, and cover her carefully and completely with a considerable quantity of clothes. In this state she remained half an hour, and was then removed into a tub of tepid water, and rubbed quickly with wet towels. After this process, she was dressed and carried out into the air. In these proceedings no difficulty was experienced from the fro-

wardness of the child ; for the little thing seemed to adapt herself to the treatment with great facility, and to be conscious that it was intended to do her good. She lay in the cot, with the damp bandage round her, as quiet as a lamb ; but when she was placed in the tub, she did not at first like it, but after the first shock she began to splash about with her hands, and quite entered into the spirit and fun of the thing. The first two or three times that she was taken into the air, she coughed as she would have done before she commenced the treatment ; but afterwards the air seemed to lose its irritating power, or rather the lungs were strengthened to resist the irritation, and she coughed while in the air no more frequently nor vehemently than while in the house. After about a week's treatment, during which time her appetite and digestion considerably improved, and she grew much stouter, *a rash began to come out upon the back (it was something like what is technically called roseola) ; a diffused rash* occupying principally the buttocks and the space *between the shoulders, but not being by any means confined to those spots.* CONSENTANEOUSLY WITH THE APPEARANCE AND PROGRESS OF THE RASH, THE COUGH DECLINED ; AND BY THE THIRD WEEK, WHEN THE RASH HAD ATTAINED ITS HIGHEST POINT, THE COUGH WAS GONE. The child had now after three weeks' treatment quite lost its cough, and passed a great portion of its time in the open air without the slightest inconvenience. Previously to coming under my care, the little patient had swallowed a considerable amount of physic, but without benefit."

In this case, the mother's blood being impure, the child's blood was impure also ; and the impurity manifested itself in the shape of inflammation of the membrane of the lungs, and sores on the skin. The hydropathic treatment extracted this impurity in the shape of an extensive rash upon the skin, and the disease was cured. I do not mean to assert—for I do not believe—that the *whole* of the morbid taint was removed, and the child was now perfectly healthy ; for to effect this would have required a protracted course of treatment ; but at least so much of it was removed as caused manifest disease and threatened immediate danger.

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## CHAPTER II.

### GENERAL OBSERVATIONS ON THE HOMŒOPATHIC TREATMENT.

It is foreign to the object of this work to reproduce the controversy between the advocates of the high and the advocates of the low dilutions. Suffice it here to observe, that in the subsequent pages the high dilutions are usually recommended, and 'globules are preferred before tinctures. The dilution intended, when no remark is made on the subject, is the 30th. It is frequently a good plan when the medicine selected is clearly the right one, but when it appears nevertheless not to act, to change the dilution to a lower one. In those

cases the 12th, 6th, 3rd, or 1st may be tried. In some instances even the mother tincture may be used. It can never be too frequently repeated, that *homœopaths are at liberty, without infringing the homœopathic law, to administer their medicines in any dose which they may deem necessary.*

The following remarks upon the administration of medicines and repetition of doses are from Dr. C. Hering's Domestic Physician. "The medicines may either be administered dry, by placing them upon the tongue, or dissolved in water.

"In all ordinary complaints, such as head-ache, tooth-ache, belly-ache, slight affections of the chest, or foul stomach, sickness accompanied with vomiting, &c., *two or three globules* of the proper remedies should be put on the tongue.

"In more dangerous cases, or in diseases of long standing, when much medicine has already been taken and the system injured, and the globules do not answer, the appropriate medicines should be administered in water. For this purpose take a clean tumbler, which has contained nothing but milk or water, else you must rinse it first with cold and afterwards with hot water, dry and heat it on a stove, as much as the glass will bear, and then suffer it to cool. Half fill it with pure water, or as pure as you can get it; put eight or ten globules, or, if the tinctures are used, one to three drops of the medicine, into the water, and mix it thoroughly.

"When thus prepared, a tablespoonful to adults, or a teaspoonful to children, may be given at a time. In violent cases the medicine may be repeated every one,

two, or three hours; but in chronic complaints, or those of long standing, not oftener than once or twice a day.

“When the patient after taking medicine begins to feel better, however little, he should discontinue it, lest the healthful progress of the cure be interfered with by taking too much; but as soon as the convalescence ceases, the same medicine should be taken again; or, in case his symptoms have altered, a more appropriate one.

“Sometimes the medicine aggravates the symptoms, and makes the patient *temporarily* worse, which is nevertheless a good sign. In such cases the patient should cease taking it, and wait for the effects. Should the aggravation be violent, it may be relieved by smelling camphor. If the beneficial effects of the medicine be interrupted or cease entirely, and the patient grow worse, in consequence of taking cold, eating improper food, &c., he should take a medicine to counteract the cause which occasioned this interruption, and then recur again to the medicine which he had previously taken.

“With regard to the external application of the tinctures of Arnica, Ruta, Hypericum, &c., a lotion of sufficient strength for most purposes may be made by putting five or six drops of the tincture in half a tumbler of water. It may be applied to the injured part three or four times a day, or as often as mentioned under each particular case.”

Although it is well known that every disease homœopathically treated must be treated upon its own merits, and that general rules are for the most part inapplicable, yet fortunately there are a few simple rules

of extensive utility in a great number of diseases, which may be here specified.

Antiphlogistic treatment.

Stimulant.

Antipsoric, or Constitutional.

Treatment of the effects of mental emotions, cold, &c.

1. *Antiphlogistic*.—Whenever a disease commences with the symptoms of fever or inflammation, that is to say, whenever we find the first signs of disease to be quick pulse, hot and dry skin, white tongue, thirst, debility, loss of appetite, &c., we are safe in exhibiting Aconite in the first instance, and afterwards Belladonna. These medicines may be given in the manner recommended by Dr. C. Hering. After a few doses of Aconite, the pulse usually falls, *slight* perspiration breaks out, and the fever is allayed. We may then, if there be any signs of local inflammation, whether of the head, chest, abdomen, or other parts, exchange the Aconite for Belladonna. When we are treating the patient hydropathically, it will not be necessary to give Aconite at all; but, simultaneously with the packing or other water processes, we give Belladonna in the case of local inflammations of the head, chest, &c., or instead of the Belladonna, any other specific medicine that may be required. For example, in cases attendant with thickly-furred, white tongue, constipation, pains in the belly (in medical language, cases of a gastric or stomach type), we give Nux Vomica. In Peritonitis, or inflammation of the lining membrane of the cavity of the belly, Belladonna in alternation with Mercurius,

&c. And herein consists one great advantage of the combined method: *we save time*, and accomplish several objects at once.

2. *Stimulant*.—In almost all fevers and inflammations of a violent nature, as the stage of excitement subsides, it is succeeded by a stage of debility. When this debility is so marked as to require special treatment, some of the annexed remedies are likely to be useful.

a. China is particularly useful when the debility has been caused by excessive evacuations, as perspirations, purging, natural or produced by aperient medicines, or when it is accompanied by dropsical swelling.

b. Arsenic, when the prostration is extreme, or if China should fail to do good, particularly in typhoid diseases, and in such cases as require the exhibition of wine.

c. Veratrum, when the debility is attended with marked coldness of the extremities, or of the whole body; blueness of the face; lividity of the lips; disposition to faint; slow, weak, and almost extinct pulse; palpitation and anguish about the heart, &c. In short, this medicine is adapted to what is called the stage of collapse.

Of course there are many other remedies against debility conjoined with particular symptoms.

3. *Antipsoric or Constitutional Remedies*.—A great many chronic diseases have their origin in a constitutional taint, and cannot be cured until this taint is eradicated. The most familiar forms of this taint are the Scrofulous, Cancerous, Syphilitic varieties; but there are also many others. Some of the remedies most frequently useful are,—

Sulphur,  
Mercurius,  
Calcarea, &c.

These remedies may advantageously follow or be combined with tonic water-treatment; for the water-treatment renders the system more sensitive to the action of homœopathic remedies. The following observations upon the action of certain medicines are extracted from Dr. Chepmell's excellent little work on Domestic Homœopathy.

"Aconitum acts, above all other known remedies, upon the *circulating system*. Its effects in acute inflammatory affections and fevers are truly wonderful.

"Arnica acts upon the *absorbents*, and is consequently admirably calculated to promote the absorption of effused blood, and the reparation of tissues after mechanical injuries.

"Belladonna exerts a very powerful action upon the *brain and its membranes*, and is perhaps inferior to no other medicine in this respect. Its action upon the *glands* is also very remarkable; it is, in fact, to the glandular almost what Aconite is to the circulating system. The lining (*mucous*) membrane of the throat is peculiarly susceptible of its influence.

"Opium is, from the peculiarity of its action, of the greatest importance in the treatment of certain lethargic states of the brain.

"Nux Vomica has a very marked action upon the *nervous system* generally, but *especially upon the spinal chord, and upon those nerves which are connected with the digestive organs*. It is one of the most valuable

remedies prescribed in the treatment of derangements of the digestive functions, and is very generally indicated in cases of *inaction of the bowels, dependent upon want of nervous energy.*

"Pulsatilla has many points of resemblance with Nux Vom. in its action upon the nervous system and the digestive organs. Its action upon the *mucous membranes* is, however, much more marked. As a medicine it is very generally indicated in the treatment of similar affections of the stomach and bowels, where the tendency is rather to *relaxation* than to constipation.

"Ignatia holds a middle place between the two preceding remedies.

"Bryonia acts upon the *muscles* generally, and *especially upon the fibrous tissues* of the joints; it is admirably adapted to the treatment of rheumatic cases in which the sufferings are *aggravated by motion.* Its action upon the *lungs, and upon the muscles associated with the organs of respiration,* renders it of essential service in most kinds of cough and catarrh of the chest, especially at their commencement.

"Rhus acts upon the same tissues as the preceding, but more especially upon the *tendinous structures and cartilages of the joints*; hence its value in the case of sprains and strains. It is chiefly indicated in rheumatism which is *relieved by motion.*

"Mercurius is a most valuable medicine, from its remarkable action upon the *mucous membranes, the glands, and the liver,* and is very generally used in the treatment of disorders connected with the digestive organs and glandular system. Like Hepar Sulph., it acts

upon the *skin*, and also favours the *suppurative process*, although in a less degree.

“Hepar Sulph. is præëminent above other known remedies in its action upon the *exhalants* of the skin, and, consequently, is often given with a view to promoting perspiration, when indicated by nature. The property which it possesses of favouring suppuration is no less worthy of mention.

“Arsenicum, Calcareæ Carb., Graphites, and Sulphur are all remarkable for the long duration of their actions, and also for their deep and searching effects upon *almost every organ and tissue of the body*. On this latter account they are usually classed among the *antipsoric* (as Homœopathists designate them) remedies—remedies which are essentially necessary in the treatment of all constitutional affections of long standing. They differ from each other in the predilection which they individually manifest for certain organs or tissues. Thus Calc. Carb. has a more marked action upon the glandular system generally, and especially upon certain portions of it, than Sulphur, which exerts a greater influence upon the skin.

“Again, the sensations which attend their action differ. Thus the aggravation of Arsenicum is accompanied with burning sensations, whilst that of Sulphur is manifested by extreme itching. All these medicines should be very sparingly used by *amateurs*, as the aggravations consequent upon their abuse are not speedily remedied.

“Other things being equal, the constitution, age, sex, and the vital resources must be taken into considera-

tion in the choice of remedies, seeing that one remedy will often be better adapted for certain constitutions than another. The same may also be said with respect to the circumstance of age, sex, and the strength or weakness of the vital powers.

“For instance, *Nux Vomica* is suited to persons of a bilious constitution, with a *dark sallow complexion*, and *hasty, irritable*, or *hypochondriacal disposition*; whilst *Pulsatilla* is more adapted to the cases of persons, and especially females, of a *mild, timid disposition*, easily induced to shed tears.

“*Chamomilla* is peculiarly the medicine of *infancy*. It is also adapted to the female constitution.

“*China* and *Arsenicum* are invaluable remedies for sustaining the vital powers under repeated losses of the fluids and solids of the body.

“*Of the rules to be followed under Homœopathic treatment.*—These, when briefly summed up, will be found to consist in the following :

“1. The observance of a suitable diet.

“2. General attention to regimen, as defined in this work.

“3. The rejection of every description of patent and ordinary domestic remedies, whether in the shape of aperients,\* emetics, narcotics, medicated fomentations, blisters, leeches, and the like, as well as of medicated

\* In cases, however, of obstinate constipation, when the patient is at a distance from medical advice, recourse may be had for relief to an enema (injection) of tepid water, to which a dessert-spoonful of olive-oil or honey may be added, if necessary.

tooth-powders, perfumery, and cosmetics; and the restriction, or suppression of certain habits."

Against the evil consequences produced by an *agreeable surprise*, give *Coffæa*.

After a *fright*, give Opium; but if the fright be attended with *vexation*, Aconite.

For silent, quiet, corroding grief or sorrow, and its consequences, give Ignatia.

For jealousy, *Hyoscyamus*.

For contempt of persons hitherto esteemed, *Platinum*.

For crossness and vexation, give *Bryonia*, and afterwards *Nux Vomica*.

For vexation with violent anger, *Chamomilla*.

For the indisposition resulting from the effects of passion, *Nux V*.

Violent rage in little children, followed by fits, *Chamomilla*. If they shriek and weep violently, *Arnica*. If they continue to cry, and will not be pacified, *Belladonna*.

For vexation, sleeplessness, and tearfulness in sensitive persons, give *Coffæa*. For a general disposition to shed tears on slight occasions, *Pulsatilla*.

Taking cold. When you feel that you have taken cold, but as yet without any decided consequences, take Aconite or, in the evening, *Nux Vomica*.

When a person perspiring freely is made wet by a shower of rain, and indisposition follows, give *Rhus Tox*.

When in summer the temperature changes suddenly from hot to cold, and illness follows, take *Belladonna*.

When an eruption has been checked, give *Ipecacuanha*.

For difficulty of breathing produced by taking cold, Ipecacuanha.

For diarrhœa from taking cold, Opium or Dulcamara.

In tooth-ache from cold, Chamomilla or Rhus Tox.

For a general torpid or benumbed feeling or disposition to sleep after being long exposed to cold, take Camphor.

When ill effects follow from the action of a powerful sun upon the head, give Aconite, and follow it up by Belladonna.

For diarrhœa produced by *heat*, give Bryonia.

For fatigue after walking a great distance, give Coffœa.

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## CHAPTER III.

### GENERAL REMARKS ON THE HYDROPATHIC TREATMENT AS APPLICABLE TO CHILDREN.

THE Hydropathic treatment may conveniently be considered under the four following heads :

Antiphlogistic,  
Tonic,  
Specific,  
Critical.

#### ANTIPHLOGISTIC TREATMENT.

The application of water of any temperature in any way to the body of a person who is suffering from fever or inflammation acts antiphlogistically ; that is to say,

it lessens the heat of skin, and reduces the rapidity of the circulation. But, as some methods of applying water are far better than others, we confine the term Antiphlogistic processes to those which experience shows to be best adapted to fulfil the object in view. These processes are—

Wet sheet packing,  
Wet towel rubbing,  
Pail douche,  
Shallow bath,  
Wet hand rubbing,  
Rubbing sheet.

A full description of these processes being given in another part of this work, we content ourselves here with indicating the cases in which the one or the other are most appropriate.

#### *Rubbing Sheet.*

The rubbing sheet is best applied in the initial stages of acute disease, before the disease itself is well marked, and while it is yet matter of doubt what form the malady is about to assume. When a person complains of lassitude, has one or more shivering fits, or simply suffers from chilliness, whether there appear any slight local uneasiness or not, the best method of cutting short the latent disease is the immediate application of the rubbing sheet. The object is to equalise the circulation, and restore the warmth of the body and volume of the pulse; this is effected by enveloping the body in a wet sheet, *strongly wrung out*, and applying great friction, particularly to the extremities. The

temperature of the water may be in most cases about 60° F. The operation should last two or three minutes; after which the patient should dress and take moderate exercise, according to his strength.

The rubbing sheet is also applicable to the cold stage of ague, to croup in a pretty strong child, and it abates the cramps of cholera.

#### *Wet Rubbing Towels.*

In mild febrile or inflammatory attacks this process, applied once, twice, or thrice in the day, according to circumstances, is very useful. It should not last longer than one minute. The temperature of the water should be about 60° F. The patient returns to bed, after being well dried.

#### *Pail Douche.*

This process was very successfully employed by Dr. Currie of Liverpool in the treatment of fever. It may be employed in the case of robust persons with good effect; but it is not adapted to weakly nervous individuals, nor to children unaccustomed to water treatment, because the shock which it occasions may prove too powerful and do harm. The pail douche is principally used in advanced stages of fever, attended with oppression of the brain, as evidenced by dulness of the senses, stupor, or insensibility. When there is excitement, as evidenced by convulsions or delirium, it is dangerous. It is recommended by Dr. Weiss in eruptive fevers, when the rash goes in.

*Shallow Bath.*

This is used in cases of violent fever or inflammation in pretty strong individuals, when the heat of the skin is very great, and the pulse strong and bounding. The patient is put in a bath of water of the temperature of 65° or 70° F., and is rubbed, particularly the extremities, by a bath attendant. In cases of inflammation, while the extremities are being rubbed, *cold* water is frequently poured over the inflamed and heated part; but care is taken that the temperature of the general body of water does not sink below 65° or 70° F., the temperature being kept up by pouring small quantities of *warm* water into the bath from time to time. The patient is kept under this process till the temperature of the armpits is reduced to that of the body generally. This mode of treatment should not be adopted unless under the direction of an able and experienced Hydro-path; for although in some cases it operates a cure with extraordinary rapidity, yet, in cases to which it is not precisely adapted, it produces exhaustion.

*Wet Sheet Packing.*

This process is of all the most generally serviceable in fever and inflammation. The sheet should extend from the shoulders to the knees. The patient should be kept in the pack generally for 5, 10, or 15 minutes. Afterwards he should be rapidly wiped over with wrung-out wet towels; or if the patient be pretty strong and the fever violent, so that the heat is great and the

pulse strong, the patient may be put into a second pack after the first, and even in some cases into a third, after which he is rubbed down and put to bed. In most cases it will be sufficient to pack a patient twice in the day, once in the morning, and once in the afternoon. The packing must never be employed when the surface of the body is cool, the pulse faint and low, and there is a tendency to rapid exhaustion.

### *Compresses.*

In cases of slight feverishness, the abdominal compress will allay heat, and quiet the pulse. It is also used in inflammation of the stomach and bowels.

### TONIC TREATMENT.

The object of tonic treatment is to exalt the general health and strength of the body. It comprehends all the hydropathic processes; for every one of them, employed in the proper case and at the proper time, has this effect. For the convenience of the general reader, and as respects children, we may make three divisions of tonic treatment.

I. Very light tonic treatment. In the case of persons who are extremely weak and incapable of taking exertion of any kind, or who are peculiarly nervous, we may wet a towel (wringing out the superfluous moisture) and introduce this under the bedclothes, and so moisten and cool the body of the patient, without at any time exposing him to the air. Of course the body must afterwards be carefully rubbed dry. This

process may be employed twice a day. It may be used as preparatory to more energetic treatment. Persons a little stronger than those to whom the above is applicable, or who have used the above with benefit, and are desirous of advancing further, may take the "wet towel rubbing at two stages." The patient sits in a chair, and is well covered up about the trunk of the body with blankets. The bath attendant then rubs one leg at a time (the other remaining covered) with a wet or damp towel. Having finished with the legs, he covers them up in the blankets, and exposes and rubs in like manner the chest. When this also is done, he goes to the back. Thus only a small part of the body is exposed to the air at once. This process may be given twice a day. It is a stepping-stone to brisker treatment.

II. Light tonic treatment. Under this head I should range the wet rubbing towels and the pail douche—both extremely valuable baths. One of these processes may be used in the morning on rising, and at midday it may be repeated. Or, instead of repeating it at midday, the sitz may be taken for five to ten minutes, and repeated in the afternoon. Or the foot bath may take the place of the sitz. The pail douche is not so well adapted to persons who are startled and frightened at a shock, or who are new to water treatment. In such cases it is better to use the wet towels. But, on the other hand, the pail douche agrees better with persons who rather like a slight shock, and for whom a certain amount of stimulus is good. The briefness of the time which it occupies,

and the slight shock, cause a general glow and feeling of invigoration.

III. Medium treatment. As medium treatment, we might give a wet towel rubbing or pail douche of two pails three times a day. Or shallow bath one minute, morning and noon or afternoon. Or shallow in the morning and rubbing sheet midday or afternoon. Or two rubbing sheets per diem. In fact, we might diversify this treatment in a great variety of ways; but the foregoing will suffice for most readers. The rubbing sheet will be adapted to tolerably strong children or adults. If they are not stout, the water should be a good deal wrung out. If the sheet produces fatigue, it should be discontinued, and the wet rubbing towels or pail douche used instead.

#### CRITICAL TREATMENT.

Critical treatment may be called the climax of the water-cure. All and any of the baths, while strengthening the system, tend to provoke nature to throw out by boils, rashes, or other eruptions, or evacuations from the bowels, &c. (termed crises), such morbid matters as may be dormant in the body. All water treatment may therefore be called critical. But the wet sheet packing produces these effects more certainly and speedily than the other processes; hence it is employed in most chronic cases, after the strength has been so far improved by other appliances as to justify its use. It comes in as the finale of the tonic treatment. Not that it is not frequently employed in the beginning by hydropathic practitioners, but it

should not be so used by any but hydropathic practitioners. One might prescribe to a tolerably strong child a course of this kind:—Morning, pack from shoulders to knees for fifteen minutes, afterwards wet towel rubbing or pail douche. Midday, the same process; afternoon, sitz five to ten minutes. It is of course impossible in a work of this kind to lay down very precise rules for the administration of treatment; but the following points may be relied upon:—

1. So long as a patient gets a good reaction after a bath, the bath agrees with him, except that it sometimes happens that although the patient becomes warm immediately after a bath, yet some five or ten minutes after, or at various periods during the day, he may have fits of chilliness or shivering. In such cases the bath disagrees.

2. Every bath, except that in the early morning, should be preceded, and every bath without exception should be followed, by exercise, except in acute cases.

3. A bath should not generally be taken until from two to three hours after a meal.

4. Treatment is usually administered twice or thrice a day.

5. Persons who, being of a very chilly constitution, or suffering from lameness, are unable to warm themselves by exercise, may frequently be enabled to avail themselves of the treatment by going into a hot air or vapour bath for ten or fifteen minutes before the bath. The object is not to produce perspiration, but simply to warm the body.

7. Persons under hydropathic treatment must eat

more than others, as it is necessary to repair the waste of the system.

8. Hydropathic patients should observe a plain diet, go early to bed, rise early, take exercise in the open air proportionate to their strength, and cultivate a contented, happy frame of mind.

9. Allopathic remedies must not be taken while under treatment; but homœopathic remedies may be taken.

10. The treatment frequently produces in certain individuals unusual sleepiness during the day. This sleepiness should be indulged to the utmost: it will not break the night's rest.

11. Patients at the commencement of a course sometimes (though generally the contrary happens) feel more than commonly languid and tired. It is better then to diminish the amount of treatment.

12. Patients who on commencing treatment feel peculiarly light, buoyant, full of spirits, and as it were stimulated, should lessen their treatment, and increase the temperature of the water.

#### SPECIFIC TREATMENT.

The sitz bath is useful in constipation, in whites, in some cases of too much menstruation, in pain in the abdomen, in head-ache, in some cases of palpitation and asthma. It should be taken cold. It is also good for diarrhœa, and should be taken at 65° or 70° F., for 10 or 15 minutes. It may be taken three, four, five, or more times in the day. The foot bath is useful against cold feet and hot heads, against too much menstruation,

bleeding from the nose, &c. The dew bath, walking or rather running in wet grass or on the wet beach, is very useful to young girls inclined to menstruate too freely or painfully.

The temperature at which the baths are administered must of course vary. As a general rule, 60° F. is a good temperature, but delicate persons at first should begin with water at 65° or 70° F. After having been some time under treatment, the temperature may be lowered. Strong persons benefit more by having the temperature, especially in summer, as low as 54° F.

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## CHAPTER IV.

### MECHANICAL TREATMENT OF NON-ACUTE DISEASE.

UNDER this head we have to notice two systems. The first is the old gymnastic system, in use from the earliest times to the present day. This is not a medical system, but is intended solely to strengthen the muscular powers of persons already in at least tolerable health. That it is useful enough in its way, I need scarcely say; for it is everywhere known that many persons have grown, and do daily grow, much stronger from its practice: but it is equally certain that it has caused, and does daily cause, a very great amount of mischief; for it is generally practised by persons who

have never studied its effects, and is directed by others who have taken no pains to understand its principles. Consequently it is abused; the muscles of those who employ it are overstrained and weakened, instead of being strengthened, and the whole economy debilitated from the over-exertion. Or if this does not happen, the growing power of the economy is directed all to one point, so that the other limbs and organs suffer. For example, if a person frequenting a gymnasium over-assiduously exercise his arms, and neglect his other limbs, the arms will become disproportionately large, and the legs disproportionately small; the growing power, instead of being duly distributed, will be concentrated in one spot, and deformity will ensue. All this is, no doubt, the abuse of gymnastics, and arises from the fact that no properly-educated gymnast presides over the gymnasium, but its direction is left to half-pay military men and schoolmasters, who are naturally ignorant of the first principles of physiology. The present system of gymnastics is far too violent, and has therefore fallen into disrepute with all who study scientifically the effect of mechanical motions upon the human frame. Nevertheless, there are some few gymnastic machines and exercises which find their place in a better system.

The second method, termed by its founder Kinesipathy, was invented by a Swede, M. Ling, and is the result of a profound study of anatomy and physiology. It is essentially based upon these two sciences, and can only be directed by a person who has thoroughly mastered them. The processes of this system are gentle, and de-

mand very much less exertion than gymnastics; and many of them are passive, so that the subject makes no exertion at all. It is a remedial, as well as a training system; and every motion enjoined has a direct and well-understood reference to the particular object in view. Every muscle brought into play by the motions prescribed is studied, and the effect upon the disease, of its being exercised, is well considered; so that nothing is left to chance, and nothing to the discretion of the patient.

The motions employed may be divided into three classes,

- I. Passive,
- II. Active-passive,
- III. Active.

Passive motions are those in which the subject takes no other part than that of allowing the operator to turn and move at will any portion of his body that it may be desirable to exercise. Active motions are those which the subject performs entirely of himself, by voluntary muscular contraction. Active-passive motions are such as are performed partly by the subject, and partly by the operator; that is to say, the operator moves one of the subject's limbs in a particular direction, while the subject gently resists; or the subject moves one of his limbs in a particular direction, while the operator, clasping the limb in his hands, gently opposes the movement. If I take hold of a person's arm, and, without resistance on his part, raise it from his side, that is a passive movement. If he do oppose a certain amount of resistance, that is an active-passive movement: if, without any interference

on my side, he raise his arm himself, that is an active movement. Of these three classes of movements, the active movements are most adapted to the training of healthy persons, and the passive and active-passive movements to the treatment of the diseased.

It is impossible, even with the assistance of diagrams, to convey a perfect comprehension of the nature of the different exercises, much less to impart to the mere reader that practical tact in their execution which is required. It is therefore hoped that all parents, who peruse this little treatise, will make an opportunity of visiting some Kinesipathic Institution, and there take careful note of the methods pursued. Nevertheless, as a partial knowledge is better than none, I will endeavour to explain as well as I can the principal points of the system. For a more full and detailed account, consult the work of Dr. Roth, on "Movements in Chronic Disease," from which work I have abridged the ensuing descriptions.

#### PASSIVE MOVEMENTS.

##### *Pressure.*

Pressure is made upon any part of the body, gradually increasing in intensity, and *equally gradually diminishing until it is entirely withdrawn*. When this pressure is effected by the inside of the fingers or hand, it is called "flat pressure;" when by the tips of the fingers, it is called "point pressure."

*Squeezing.*

When a pressure is suddenly withdrawn, the movement is no longer called pressure, but squeezing. Squeezing is sometimes performed by two assistants, who press upon opposite sides the diseased part, and suddenly relax the pressure. These motions of pressing and squeezing act powerfully upon the circulation and nerves and nutritive functions of the part to which they are applied.

*Shaking.*

In the performance of this movement, it is necessary to fix one extremity of the limb to be shaken, while the operator takes hold of the other free extremity, and imparts to it a gentle vibration, which is propagated through the joint to the whole body. For example, if the right arm is to be shaken, the subject fixes and steadies himself by grasping the handle of a door, for example, with his left hand, while the operator takes hold of the right hand, and, drawing it toward him with some slight degree of force, shakes it as aforesaid.

*Vibration.*

The palm of the hand is laid upon any part of the patient's body, as the abdomen or chest, and a tremulous motion is imparted to it from the arm. This is "flat shaking;" when the tip of the third finger is employed instead of the flat hand, we call the movement "point shaking."

*Knocking.*

The patient is struck repeatedly with the fist loosely clenched, and moving freely in its joint. This is chiefly practised on the back.

*Tapping*

Is performed with the second, third, and fourth fingers, spread a little apart.

*Clapping or Slapping.*

The principal point to be observed is, that the wrist must be kept quite relaxed and lithe in this operation.

*Chopping,*

Like knocking and slapping, is performed with the loose hand ; but as in the former we employ the fist, and in the second the palm of the hand, so here we use the edge of the hand and little finger. The fingers are held together, but loosely, so that each plays freely in its own joint during the operation, which is generally performed with both hands in quick alternation. The back and limbs are more usually subjected to this operation than other parts. The subject stands near a wall, on which he places his hands and leans forwards so as slightly to bend the back. The operator then chops downwards with his right hand on the right, and with his left hand on the left side of the spine.

*Sawing and Fulling.*

Sawing, like chopping, is done with the edge of the

hand. The hand is extended straight, the fingers are held pretty firmly together, and the hand is slid backward and forward in the direction prescribed. When this operation is performed with the edge of the hand, it is called sawing; when with the flat hand, it is called Fulling.

#### *Kneading.*

The substance of the part to be kneaded is more or less firmly grasped with an alternately increasing and relaxing pressure.

#### *Stroking.*

Gentle stroking with the flat hand is performed usually from above downwards, as in the case of the back, sometimes circularly, as in the case of the abdomen; occasionally, but not so often, transversely; and in a few instances from below upwards. The effect of these operations is very similar to the effect of analogous mesmeric passes. The downward stroking soothes and induces sleep, the upward stroking awakens and excites.

#### *Flexion and Extension.*

While the patient remains quite passive, the operator moves backward and forward, as often as he thinks fit, any of the patient's limbs, viz. the arm at the elbow-joint, the leg at the knee-joint, &c. &c.

#### *Rotation.*

The joints capable of kinesipathic rotation are the first joints of the fingers and the thumb, the joints of

the wrist, the shoulder, the head, the toes, the ankle, the hip, and to a certain extent the trunk. The manner in which the process is effected may be illustrated by taking the shoulder-joint as an example. In order to rotate this joint, the person sitting firmly upon his seat, the operator takes hold of the right hand, if he is going to operate on the right shoulder-joint, and raises the patient's arm to a right angle with his body, keeping the elbow extended; he then causes the arm to describe a large circle in the air, carrying it as far backward as possible, without producing pain or uneasiness. The arm is thus slowly swept round and round the allotted number of times, after which it is rotated an equal number of times in the opposite direction. It is not usual to rotate the arm more than 12 times at once, 6 times in one direction, and 6 times in the opposite.

### *Percussion.*

In the case of coldness of the extremities, good is sometimes done by tapping the soles of the feet or palms of the hands with a flat piece of wood. This, which is called percussion, is not often employed for other parts of the body.

### ACTIVE-PASSIVE.

#### *Thumb and Fingers.*

Let the patient lay his hand flat upon a table, and slightly press with the fingers against the board. Let

the operator then take hold of the little finger, and raise it very slowly as far as the joint will readily permit, in spite of a slight resistance on the part of the patient. When the finger has been raised to its full extent, then let the operator place his forefinger under the patient's little finger, and oppose a slight resistance to the effort of the patient to depress his finger; by no means so much resistance as to prevent him from succeeding in the effort. Then let the operator go through the other fingers in the same manner. With regard to the thumb the same statement applies, only of course instead of lifting the thumb from the table, it has to be drawn from the side of the hand against which it is gently pressed, and to be brought back again in the same manner.

#### *Wrist.*

Lay the arm from the elbow upon a table, with the palm of the hand downward; then let the operator introduce his fingers under the patient's palm, and gently and slowly raise it as far as the joint will easily allow, in spite of a gentle resistance from the patient. Then let the patient depress the palm, in spite of a similar resistance offered by the operator.

#### *Elbow.*

The patient places his arm close to his side, and bends the fore-arm upon the arm. The operator, steadying the patient's arm, by holding his elbow in one hand, with the other slowly and gently, in spite of a slight resistance, straightens the fore-arm. The

patient afterwards bends his fore-arm back to its former position, in opposition to the operator.

*Shoulder.*

It is manifest that the shoulder may be treated in the same way, by drawing the arm towards or away from the side, and again backwards or forwards.

*Ankle.*

The active-passive motion of the ankle is best effected when the operator sits on a chair beside the patient, and places the patient's leg on one of his knees.

*Knee.*

In performing the active-passive motion of the knee-joint, the patient lies on his face, the operator places his fingers on the patient's heel and slightly resists, while the patient raises his leg in the air very slowly and steadily to an angle of  $45^{\circ}$ ; there he allows the leg to remain for half or a whole minute. Then the operator presses the leg down, laying hold of the heel, while the patient gently resists.

*Flexion of the Thigh and Extension.*

The patient lies flat on his back, with his legs extended. The operator places one hand upon one foot, and slightly resists the efforts of the patient to raise the leg. When the leg has been drawn up to an angle of about  $45^{\circ}$ , the patient holds it there about half a minute. Then the operator places his hand under the heel, and the patient brings his leg down again.

*Adduction and Abduction of the Thigh.*

The patient sits resting the whole length of the thigh on the bottom of the chair. An assistant now firmly grasps and renders immovable the left thigh. The operator places his hand against the outside of the right thigh and resists, but not strongly, while the patient separates his right thigh about 45° from the left. The operator then places his hand inside the thigh and resists, while the patient brings it back to its original position. The same operation is then repeated with the left thigh.

*Down and up Pulling Movement.*

The patient extends both arms straight up in the air, parallel with his head. The operator seizes both the patient's wrists, and separates slowly and gently the patient's arms and brings them down to his side, while the patient makes a slight resisting effort. Or, on the other hand, the operator makes the resistance, while the patient by his own muscular effort separates his arms and brings them down to his side.

These are the more marked of the active-passive movements; but it is evident that they may be diversified, and in practice they are diversified in a thousand ways.

*Head.*

The patient leans his head forward so that his chin rests upon the upper part of his chest. The operator then lays his flat hand upon the back of the patient's

head and gently resists, while the patient slowly elevates his head to its natural position. Then, the operator still resisting, the patient pushes his head by degrees as far back as it will go. The operator then shifts his hand to the forehead and resists, while the patient brings his head by slow degrees forward again. The side movement is accomplished in the same way, the operator laying his hand upon the right side of the head when the patient is about to lean his head to the right, and on the left side when he is about to lean to the left. These actions exercise the muscles of the neck.

#### *Trunk Movements.*

The ensuing description and the diagrams are copied from Dr. Roth's excellent work on "Movements in Chronic Disease," which I strongly recommend to the attention of my readers. The preceding descriptions are also abbreviated from the same work.

"1. *Active-passive raising of the trunk, bent forwards in the sitting position, with knees divided and the hips firmly held.*

"The patient sits, and keeps his legs bent in the knees, about one distance from one another, the points of the feet are turned outwards, the hips held with both hands, the shoulders drawn back and down as much as possible.



“In this position the patient gently bends forwards in the articulation of the hips, without bending the spine or changing the position of the head and shoulders with respect to the trunk, and looks continually forwards. As soon as the patient has attained the greatest possible inclination, the operator, standing on his left, places the palm of his right hand on the sacrum, and continually and firmly presses upon it more or less strongly, while the patient endeavours to raise himself upright, and to return into his commencing position.

“After the necessary interval, this movement is repeated from two to four times, according to the condition of the patient.

"2. *Passive-active pressing outwards of both arms extended upwards.*



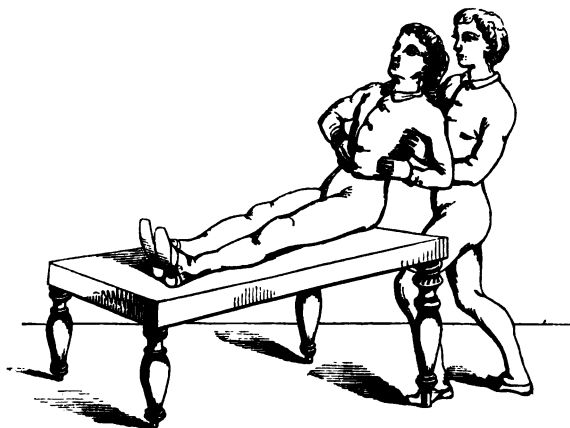
"The patient sits, extends his arms, and leans on the leg of the operator, who stands behind him on the seat. While the operator tries to bring outwards the arms, the patient continually resists, and endeavours to keep together the hands.

"3. *Active-passive pulling down of the extended arms in the reclined sitting position, with pressure on the back.*

"The patient, in a sitting position, has both his arms extended upwards; the operator, standing on the seat behind him, takes hold of his hands; then the patient is directed to bend his arms, by pulling them down towards his side, while the operator tries to

make some resistance to the arms of the patient, to whose back he applies, during the movement, a slight pressure, with the lower part of his thigh placed against the spine.

*"4. Active-passive extension of the trunk backwards, and passive-active flexion of the trunk forwards, in the high sitting position, with hips held."*



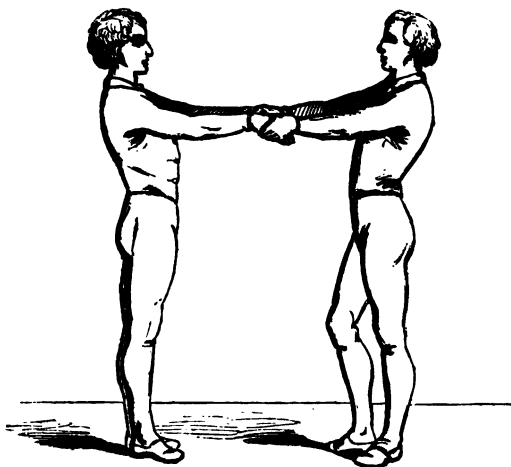
"The patient is in a high sitting position, with his nates projecting to the edge of the operating-table, his hands clasping his hips; his legs are fixed by an assistant; the trunk must be upright; the operator stands behind him, places his right fore-arm on his back, in such a manner that the palm of the hand rests on the occiput of the patient.

"In this commencing position the patient is directed to extend his trunk backwards till it is on the same

level with the prolonged horizontal line of the operating-table, while the operator makes the necessary resistance with the fore-arm and the hand itself, in order to oblige the patient to act more with the extensors of the back and neck. Afterwards, in this position, the operator gently pushes the patient, to bring him again into the commencing position, while the patient resists the operator during this whole movement, as if he would wish to remain in the lying position. After a short interval, this movement is repeated from two to three times.

“The following movement of the arms is one of the most important for the development of the chest.

“5. *Active-passive horizontal movement of the arms backwards from the position arms extended forwards.*



"The commencing position is as follows :

"The patient stands in the position of the second motion, of the *arms extended forwards*; the operator, standing before him, places the palms of his hands on the outside of the hands of the patient, who is directed to bring both his arms, which are kept extended, backwards, while the operator makes a slight resistance.

"If the patient is already in the position with the arms extended outwards, then the movement becomes passive-active, and the operator brings the arms forwards, while the patient endeavours to resist. The movement is repeated from two to four times.

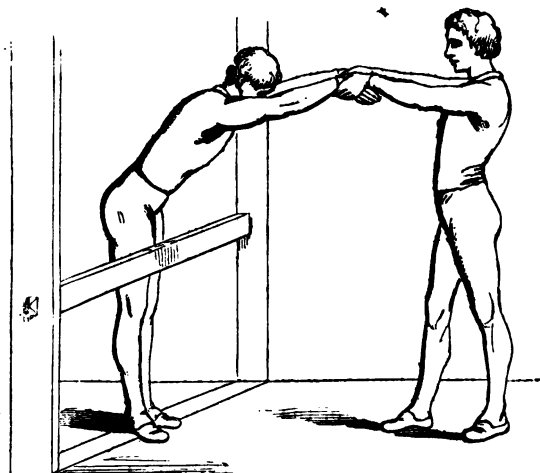
"It principally strengthens the muscles of the shoulder-blades, by keeping backwards these bones, whilst at the same time it acts indirectly on the muscles of the thorax, and increases the capacity of the chest.

"6. *Passive-active flexion of the trunk, with the arms extended obliquely upwards and forwards, in the opposite standing position.*

"In the figure we see the commencing position of the movement; the operator presses slightly on both firmly extended arms of the patient, who resists principally by the muscles of the spine and back, while his points of support are in the soles and in the anterior parts of the thighs. If the trunk is sufficiently bent, the movement can become active-passive before the commencing position is resumed.

"The above-mentioned movements, we think, are

Passive-active flexion of the trunk, with the arms extended obliquely upwards and forwards, in the opposite standing position.



sufficient for giving an idea of the kind of movements indicated in this abnormal condition of the chest, which is often only a symptom of other diseases of the organs of the chest or spine, &c. Every intelligent physician will be thus able to prescribe and himself invent movements suitable to the special condition of the patient.

“The following is an instance of the speedy effects of movements on the development of the chest. In order to show how the capacity of the thorax, and consequently of the lungs, is very often changed in a very short time, and in a most remarkable way, we select a

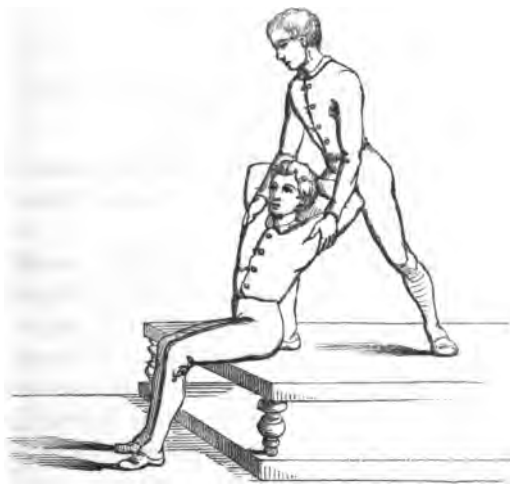
case treated in 1843, in the Central Institution at Stockholm.

*“Case.* A young man, twenty-three years of age, complained of an insupportable weight and extreme lassitude on the chest; his constitution was very delicate, the chest narrow and compressed, the loins wide and prominent. It appeared at first that the treatment by movements would not be successful, or at least only after some years. The thorax was measured, and as the feeling of oppression indicated derivative movements from the lungs and the heart, such were employed as increased the activity of the external muscles of the chest. After the first three days the oppression disappeared, the periphery of the thorax was an inch, and after the first week, two inches larger. This astonishing effect was principally due to the increased activity of the intercostal muscles, which had been almost paralysed. It seems by the increased activity of these muscles, the ribs, which were in a downward direction, are considerably raised, and the more upright position of the ribs may be the cause of such a sudden change and increase of the periphery of the thorax; an effect which seems incredible, except to those who have the opportunity of making such observations themselves.

#### *Asthma.*

“In asthma (feeling of suffocation) produced by stagnation of the blood in the lungs, and by other affections of the chest, the following movement is recommended.

Friction on both sides of the chest.



"The patient, who is in a sitting position, keeps both his fore-arms behind the head, above the neck. His feet are fixed by an assistant, and the operator stands behind him on the seat, and makes hard and repeated frictions from both sides of the lowest part of the chest, up to the elbows, while the patient leans on the outside of one of the operator's legs."

## CHAPTER V.

DIETETIC MANAGEMENT OF STATES OF GREAT  
EXHAUSTION.

It is in general a correct precept to withhold food when the appetite is deficient, but to give it when the appetite craves food.

To this rule there is a very important exception. In the later stages of acute diseases, there is frequently no appetite at all,—nay, sometimes there exists an absolute repugnance and nausea of food. At times also food when administered is rejected by the stomach.

It is the common practice among the ignorant, and it is not very uncommon among persons who ought to know better, to yield to what they term this natural instinct, partly because they are unwilling to disturb and fret the patient, partly because they think that food given under these circumstances can do no good. But this is a fatal error. Very many persons, particularly children, who are supposed to die from disease, do in reality die from starvation. Reduced to extreme weakness by disease, and kept from the only means of recruiting their strength, they necessarily die exhausted. Those who tend the sick hardly ever make allowance for the wonderful tenacity of life which distinguishes many persons. They see the patient on the verge of death, and they jump to the conclusion that he *must* die. They abandon hope, and will not plague the patient

with food or remedies. But every medical man has seen such instances of almost miraculous recovery, of patients snatched out of the very jaws of death, that, if he have any conscience, he assiduously employs in every case what remedial means are known to him, until the patient is really dead. In those extreme cases of debility which so frequently form the last stage of acute diseases, the only chance which can be given to the patient is the administration of food and wine or brandy; and this chance ought not to be withheld even when the patient's own inclination is against taking anything. If the stomach be so irritable as to reject food, very small quantities should be given at a time, as a teaspoonful of beef-tea, a little yoke of egg spread upon the tongue or inside the lips and cheek; and this should be repeated at intervals of ten or fifteen minutes, or more, according to circumstances. A small lump of sugar, moistened with brandy, may be put into the mouth when the patient is incapable of swallowing; but if he is capable of swallowing, a teaspoonful of hot brandy in the worst cases, of hot brandy and water in those which are not so desperate, may be administered, and repeated as often as necessary, which may sometimes be every five or ten minutes.

It should be remembered, that persons in the state described are insensible to ordinary doses of stimulants, and not only bear but require very large quantities. It is next to impossible to make a soldier, who has lost a great deal of blood on the battle-field, drunk. He can drink brandy almost like water. The

same observation applies to patients drained by bleeding from any cause—to patients very emaciated and prostrate in the typhoid stage of fevers and inflammations, and the like. A few years ago I attended a little boy about 6 or 7 years of age. In playing with his brother, he got a push and fell, and struck the back of his head against a stone. This brought on bleeding from the nose, and he lost so very large a quantity of blood that he became quite blanched. Incessant retching and general convulsions came on, and succeeded one another so rapidly that the child was in imminent danger. This was at night. I sent for a teacupful of brandy, and gave the mother a teaspoon, and directed her to give the child as much as she could administer, until the retching and convulsions ceased. She gave a teaspoonful of pure brandy at a dose, and continued to give it all night. By the morning the teacupful of brandy was consumed; but the retching and convulsions were stopped. The child got rapidly well. But the remarkable point here is, that all this quantity of brandy produced not the slightest shadow of intoxication. It had no other effect whatever than that of staying the morbid symptoms. I could quote other equally remarkable cases in illustration of the position, that in such circumstances stimulants should be given *unsparingly*, and not doled out with a niggard hand. A few small doses are utterly ineffectual. Large doses, frequently repeated, often cure. Of course I presume that the effect upon the system be carefully watched, and that the stimulants be not continued beyond the point where they do good.

The methods of making beef-tea, chicken-broth, animal soups, jellies, arrowroot, egg and wine, and the other articles of diet administered to the sick, ought to be studied by every mother ; for life and death may hang upon their proper or improper preparation. If a cup of beef-tea, half cold, thin and greasy, be presented to an invalid, he will turn from it in disgust. On the contrary, if it be made well and look appetising, the invalid will take it with satisfaction, and derive sustenance and strength]from it. This is indeed so manifest, that I confess I am struck with amazement when I see the nauseous slops which English cooks and nurses, for the most part, call beef-tea, chicken-broth, &c., and which they vainly present to the sick with loud importunities for him to swallow. The cookery for the sick in England is disgraceful.

In order to draw the attention of parents to this point, I subjoin a few practical receipts, which I am in the habit of recommending.

#### RECEIPTS.

##### *Stock.*

Take 3 knuckle-bones of roast mutton, 2 carrots, 2 turnips, 1 onion,  $\frac{1}{4}$  oz. of peppercorns, 1 stick of celery, 5 ribs of roast beef. Add 3 quarts of water. Stew in a large saucepan by a slow fire all day, until the bones are quite clear and bare, and all the goodness is extracted. Strain. Leave it all night to stand, get cold, and settle. In the morning skim off the fat, and pour off the clear liquor. This constitutes what is called Stock.

*Ox-tail-soup.*

Take two quarts of stock ; add the separated joints of one ox-tail. Stew gently for 4 hours. Allow to cool, and skim off the fat. Heat it up, when wanted.

*Sago.*

To half a small teacupful of sago add half a pint of cold water. Boil for an hour.

*Egg and milk.*

Beat up the yolk of an egg with a teaspoonful of sugar. Heat a large teacupful of milk not quite to the boiling point. Then beat up with the egg.

*Beef-tea.*

Take two pounds of the leg of beef, and cut it into six square pieces ; then add one carrot and one turnip cut into small slices, and two quarts of water. Simmer for 4 or 5 hours by a gentle fire, until the meat is entirely converted into a shreddy substance, and all its goodness is extracted. Then strain. Leave the liquid to settle during the night, and in the morning skim off the fat from the surface, and pour off the clear liquor, which may be warmed up when wanted. About a pint is wasted during the process, so that the result is only 3 pints of beef-tea. Some persons like a little vermicelli in it. In this case, when the beef-tea is wanted add about a table-spoonful of vermicelli to a breakfast-cup of the beef-tea, bring it to the boiling point on a *slow* fire, and boil 15 minutes.

*Chicken-broth.*

Separate the bones of a chicken; put the fragments into a saucepan with 3 pints of cold water, and set them to simmer by a *slow* fire, until all the meat is parted from the bones and the goodness extracted, which will be in about 3 hours. Then strain. Leave the liquid to settle until cold (about 3 or 4 hours); then skim off the fat, and pour off the clear liquor. When wanted, set on the fire, and bring to the boiling point. It is then ready.

*Arrowroot.*

Take a teaspoonful of arrowroot, make it into a pap with a teaspoonful of cold water; then add a teacupful of boiling water. Sweeten according to taste. If milk is preferred, make the arrowroot in precisely the same way, only substituting milk for water.

*Egg and wine.*

Prepare in the same way as the egg and milk; substituting for the latter, wine.

## CHAPTER VI.

DIET FROM BIRTH TO COMPLETION OF THE  
FIRST DENTITION.

MILK, secreted by the mother's breast, is the first food of all animals of the Mammalian class, and, among these, of the human infant. It is unnecessary, in the present day, to spend much argument in proving that it is conducive to the health, as well as to the moral relations, of mother and infant, that every woman should suckle her own child. Instinct, in this case, proves a more powerful monitor than all the exhortations of moralists and physicians. There are, however, a few exceptions to this rule, which will afterwards be pointed out. But if it be granted that the mother's milk is the proper food of new-born infants, opinions as to the time when it is right to make an addition to this food, or to withdraw the child altogether from the breast, are by no means unanimous. Physicians usually advise that the child should be weaned when about nine or twelve months of age; but the older physicians, as Astruc and others, recommended that the infant should be suckled for two years; and many poor women suckle their children for two or three years, or even longer. Dr. Churchill knew a "lady who nursed a child (now a tall strong man) until he was able to draw down the blinds, and bring her a footstool previously to his taking his meal!" I believe that prolonged suckling is generally advantageous to the child, but

detrimental to the mother, unless she be a person of robust health; and unhappily the habits of modern society are such, that women of robust health are very rarely to be found in the upper or middle ranks. Taking, therefore, into consideration the health of both mother and child, I would recommend that, as a general rule, the child should be suckled for the shorter time; but that if the parent possess a strong constitution, and be in the enjoyment of quite unimpaired health, suckling should be continued for a longer period.

With regard to the frequency with which an infant should be fed, much must be left to its own inclination; generally, it will be right to put it to the breast every two or three hours.

*Spoon-feeding.*

The attempt to bring up children by hand is attended with so much danger, that all medical authorities concur in reprobating the system. "The infant," says Dr. West, "whose mother refuses to perform towards it a mother's part, or who, by accident, disease, or death, is deprived of the food that nature destined for it, too often languishes and dies. Such children you may often see with no fat to give plumpness to their limbs—no red particles in their blood to impart a healthy hue to their skin—their face wearing in infancy the lineaments of age—their voice a constant wail—their whole aspect an embodiment of woe. But give to such children the food that nature destined for them, and if the remedy do not come all too late to save them the mournful cry will cease, the face will assume a look

of content, by degrees the features of infancy will disclose themselves, the limbs will grow round, the skin pure red and white; and when at length we hear the merry laugh of babyhood, it almost seems as if the little sufferer of some weeks before must have been a changeling, and this, the real child, brought back from fairy land." This fact has been proved in a very striking manner by M. Villermé, who found, by comparing the mortality among children under one year of age admitted into three foundling hospitals, that it was—

At Lyons . . . .	33·7 per cent.
Paris . . . .	50·3
Rheims . . . .	63·9

Now at Lyons each infant on its reception is given into the charge of a wet-nurse, and its stay in the hospice does not exceed a very few days, after which it is sent to be nursed in the country. At Rheims the stay of the infant in the hospice is equally short; but neither while there, nor afterwards when at nurse in the country, is it brought up at the breast. At Paris the stay of the children in the hospice is often very much longer, but they are usually, though not invariably, suckled by wet nurses. Equally decisive are the facts quoted by the benevolent M. Gaillard, who states :—"At Parthenay, in the Department of Deux-Sevres, of 153 foundlings, 54 died between the age of one day and twelve months, or 35 per cent., which is a higher per cent. than that presented at Poitiers. At X—, of 244 new-born infants, 197, or 80 per cent., had died by the end of the first year. Struck by the

enormous difference between this rate of mortality and that afforded by the hospices at Poitiers and Parthenay, I determined to investigate its cause. I ascertained that in this hospice as much attention is paid to the children, and the nurses are under as strict oversight, as at Poitiers and Parthenay. But at X—— none of the children are suckled, but all are fed ; and the reason assigned for so doing is the fear of infecting the nurses with syphilis. Be this as it may, I have been assured by many persons connected with the institution that the fearful mortality just mentioned can be attributable to no other cause than the practice of not suckling the children. The officers of the hospice have tried all means to remedy this evil, but neither their own efforts, nor those of some most excellent female assistants, have been of the slightest service ; and the only measure by which they could reduce the mortality was the having recourse to suckling the children by wet nurses."

It is clear that the best thing for an infant is to be suckled by its mother, but there are many cases in which this is impossible, and in these cases a wet nurse should be employed ; but wherever circumstances forbid this, the child should be fed upon the milk of another animal by means of the sucking bottle. For this purpose ass's milk is best, being nearer in composition to the milk of the human female, but cow's milk may be used, sweetened and diluted (one part water to two parts milk). The following rules have been laid down by Dr. Dewees for feeding with milk :—

1.—"The milk should be pure, *i. e.* not skimmed,

nor previously reduced by water ; and should be used as quickly as possible, especially in warm weather, after it has been drawn from the cow.

2.—“The milk should be given as soon as possible after its mixture with the water and sugar, lest it should be disposed to ferment before it is exhibited.

3.—“It should never be mixed but when wanted, and no more should be provided than the child will take in a short time, for it is much better to prepare fresh than to run the risk of its becoming sour before it is used.

4.—“In weather that is unfavourable for keeping milk, it should be placed in the coolest place that can be commanded, or kept in often-changed cold water.

5.—“Should the slightest tendency to acidity be observed in the milk, it should be rejected without hesitation ; nor should an attempt be made at its supposed restoration by using an additional quantity of sugar, as this will eventually but increase the evil.”

The proper diet for a *healthy* child up to the completion of the first dentition I consider to be milk. All nurses and nearly all medical men are anxious, at the very earliest period, to mix with the milk something which they consider more strengthening, as arrowroot, biscuit-powder, bread, &c. They are afraid that milk is not sufficiently nourishing, and forget that in their eagerness to supply the omissions of nature they incur the risk of overfeeding and producing various disorders of the stomach and bowels : and in fact it cannot be disputed that much of the disturbance of the alimentary canal, which so frequently attends teething, is due to this

cause. With regard to the nutritive value of milk, the following remarks of Dr. Carpenter upon the subject are worthy of notice. He says :—" It has been mentioned as a general principle, that whilst plants have the power of combining the elements supplied by the inorganic world (air, water, and mineral matters dissolved in air and water) into the materials of their nutrition, animals can only subsist upon substances that have been already so combined, and that have previously formed a part of some organised body, either vegetable or animal. All the materials used as food, therefore, by animals are derived from one or other of these two kingdoms. They may be conveniently arranged under the four following heads: I. The Saccharine group; II. The Oleaginous group; III. The Albuminous group. It is very interesting to remark, that in the only instance in which nature has provided a *single* article of food for the support of the animal body she has mingled articles from all the three preceding groups. This is the case in *milk*, which contains a considerable quantity of an albuminous substance, *casein*, which forms its curd; a good deal of *oily* matter, the butter; and no inconsiderable amount of *sugar*, which is dissolved in the whey. The proportions of these vary in different mammalia, and they depend in part upon the nature of the food supplied to the animal that forms the milk; but the substances are thus combined in every instance. IV. The Gelatinous group. "Gelatine does not exist in milk; but," says Dr. Carpenter, with undeniable correctness, "it seems certain that this gelatine may be produced (in the

system) out of fibrin and albumen," and therefore also out of casein, which is a form of albumen. Chemistry, therefore, confirms the conclusions of physiology, as physiology confirms the conclusions of experience; and all three agree in the fact that milk, pure milk, is the very best food for young mammalian animals. The following anecdote, illustrative of the nutritive properties of milk, is extracted from Mrs. Hamilton Grey's "Tour to the Sepulchres of Etruria:"—"One of our party, who had been on these boar-hunting excursions (in the mountains neighbouring Civita Vecchia), told me that the farmer with whom he was quartered had with him a band of thirty shepherds, who slept round the court-yard, after the manner of the ancient Tuscans, and whose employment all day was milking and tending the flocks, and making cheeses and ricotta (*a sort of curd*) from the milk of goats and ewes; and that their food never was anything else, morning, noon, and night, all the year round, but this same ricotta, excepting twice a week, when they fasted upon meal-porridge or polenta and lentils. He said that they were Umbrians, and kept themselves most clanishly distinct from all the other peasants, having a pride in their ancient country, which has never changed its name from the earliest records; and also in their descent, a thing much prized by all classes in Italy. He described them as tall, powerful, and handsome; such figures as we see depicted in the ancient tombs, and men of that proud and high stamp of character who are above robbery, cruelty, and meanness. I afterwards found what he told me to be strictly and literally true, and it

(ricotta) has probably been the food of Central and Southern Italy every since her history was written and her soil inhabited."

It is important not to feed a child too often. Every two, three, or four hours will usually be sufficient. About a teacupful may be given at a time; but in these respects the individuality of the child should be kept in mind. "Much, after all," says Dr. Underwood, "must be left to the discretion of the nurse; but when the infant withdraws his mouth from the bottle, and shows little disposition to resume its work after being once solicited by the nurse, it will be a good general rule to conclude that it has taken as much as its constitution demands, or its appetite inclines to, and no means should after this be adopted to force it against its desires."

*Circumstances in which a mother should not suckle her child.*

1.—When there exists malformation of the nipple, or incontinence of milk, or from any cause milk ceases to be secreted, a female is unable to give suck.

2.—When the mother labours under severe organic disease, as fever, exhausting discharges, consumption, epilepsy, mania, &c., she ought not to suckle, lest she should propagate these diseases. Moreover her enfeebled frame can ill endure so great a loss of fluids.

3.—When the mother suffers great anxiety, she is unfit to act as nurse. It sometimes happens that, immediately after a nursing female has received a mental shock, her milk acquires all the properties of a

poison, so that the child who partakes of it dies in convulsions.

4.—Women of a very irritable nervous temperament make bad nurses. Their milk varies both in quantity and quality, and the child suffers in consequence. Besides, the drain upon the system is very injurious to themselves, frequently producing quick pulse, nervous tremors, night sweats, langour, and cough, and even it is believed consumption or insanity.

5.—Sometimes without any assignable reason the maternal milk disagrees with the infant, causing vomiting, griping, purging, and emaciation.

6.—Those females who cannot abandon the sickly pleasures of fashionable life will find it better for their own health and that of their offspring to decline nursing.

#### *Choice of a Nurse.*

When for any of the above-mentioned reasons the mother determines not to suckle her child, it becomes necessary to provide the infant with a wet nurse. In selecting a person for this office, it is proper to see that she and her infant are in good health. "The woman's general appearance and form should be observed," says Dr. Maunsell, "and they ought to be such as betoken a sound constitution. Her skin should be free from eruptions; her tongue clean, and indicating a healthy digestion; her gums and teeth sound and perfect; the breasts should be firm and well formed, not too large or flabby, and with perfect well-developed nipples. We should see that the milk flows freely

upon slight pressure ; and we should allow a little of it to remain in a glass, in order that we may judge of its quality. It should be thin and of a bluish white colour ; sweet to the taste ; and when allowed to stand, should throw up a considerable quantity of cream. A nurse should not be old ; but it is better that she should have had one or two children before, as she will then be likely to have more milk, and may also be supposed to have acquired experience in the management of infants. The more recently the nurse's own confinement may have taken place, provided she has recovered from its effects, the better, as we may count upon her services so much the longer. It is however not generally a serious objection should two or three months have elapsed after that event." The following description of a perfect nurse is given by a German author :—" Youth, fulness of health, plenty of milk, and a good build of breasts and nipples, a rather phlegmatic temperament, a quiet disposition, and no inclination to sensuality or dissolute habits, a white delicate skin, traversed by blue veins, and covered with freckles ; fair or reddish hair, large blue eyes, sound teeth, a fresh breath, a clean skin, no disagreeable odour, no unnatural discharges, a bluish white, rather thin than thick, and tenacious milk, which dropped upon the thumb-nail, flows off rather quickly ; it should have no smell and a mildly sweet taste ; along with these, large and firm nipples, a clean person, a harmless temper, form the ideal of a good nurse."\*

\* Die Kinderkrankheiten, etc., V. Dr. J. Wendt.

It is well to remember in choosing a nurse, that females who have no great flow of milk sometimes allow it to accumulate in their breasts for some hours before presenting themselves, and thus persuade an incautious examiner that they have a copious supply.

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#### DIET AFTER COMPLETION OF FIRST DENTITION.

As soon as a child has cut his teeth, it is proper to put him upon a solid diet. Milk and water, bread and butter, oatmeal porridge, simple farinaceous puddings, should form the staple of his food. I do not think it advisable to commence the use of animal food before the second dentition, or about the seventh year. There are some cases in which animal food should be given to children much younger, but these are peculiar cases, exceptions to the general rule, and the meat is given not so much on account of its nourishment, as of its *stimulating* qualities. Weakly, delicate children often require a pretty full diet; but in all such cases their diet should be prescribed by their medical adviser. After the seventh year, the diet of a child approaches very much in character to that of a man; but greater attention to regularity is requisite than in the case of adults. With regard to the quantity of food, it is difficult to lay down any general rule, children of different constitutions requiring a different amount. Perhaps more frequently than otherwise, it is better to allow the child full liberty to eat as much or little as

he pleases, provided he do not glaringly exceed the limits of propriety.

It must be understood that I strongly disapprove of all stimulating drinks when administered to healthy children. Wine and beer, strong tea and coffee, are decidedly injurious. Chocolate and cocoa (especially when made from the cocoa nibs) are not actively deleterious; still they are not so good as milk and water.

Liquids should never be taken hot; at the utmost, they should be drunk lukewarm.

During the heats of autumn, a state of system is induced which requires a certain change of diet; and for this change nature seems to have provided by loading trees and plants with succulent fruit. The occasional use of fruit tends to cool the over-heated frame; and in this season it is very beneficial even for adults now and then to take a light dinner of bread and fruit. Grapes, strawberries, cherries, gooseberries, &c., are particularly wholesome when taken in this way.

Some persons are apt to imagine that medical men lay too much stress on the subject of diet; that it can matter very little whether we pacify a troublesome child by yielding the coveted luxury, and that, provided the heterogeneous mixture which a child left to himself pours into his stomach does not immediately return, nor cause griping pains, nor diarrhoea, it would be better to indulge his appetite, and thus avoid a storm of petulant disappointment. Compare this opinion with the following case. I once had under my care a child about seven years of age, the result of a marriage between an old man and a young woman. The child,

weakly and scrofulous from his birth, had been constantly petted by his parents, and treated almost as an adult. He took his meals with his father and mother, and sat down with them to breakfast, lunch, dinner at five or six o'clock, tea, and supper. The dinner table was stored with all the delicacies which opulence can command; there were soup, fish, roast meat, vegetables, custards, and the usual appurtenances of what is called a good dinner. During dinner there was wine, and after dinner dessert. Of all these the poor child was permitted to partake according to his inclination. Under this regimen spinal weakness first appeared, and afterwards decided curvature, and one of his knees became affected by white swelling. An Edinburgh surgeon, of the highest reputation, condemned him to lie on his back for six months, believing that otherwise the spine could never become upright. Other surgeons declared that the knee had become stiff, and seriously discussed the question of amputation; for the disease progressed, unchecked by the thousand remedies that were taken internally, or externally applied. During the child's long illness wine and other stimulants were liberally administered; broths, jellies, animal food, and in general what is considered a highly nourishing diet was ordered. The diseased knee was confined in splints, and the child kept perfectly quiet; but he was allowed to take the air occasionally, being wheeled about in a chair, carefully constructed, and well lined with cushions. Under this kind of treatment the child sank rapidly. But now his father placed him in a hydropathic establishment. Here everything was

reversed: cold bathing; the plainest unstimulating food three times a day; exercise on foot by the aid of crutches; no medicine, and nothing but water to drink; these were the chief points in the treatment adopted, and these proved highly successful. The spine became strong; the knee, supposed permanently stiff, regained motion to a considerable extent, and the child became healthy and strong. Now does not this case speak volumes as to the importance, among other things, of a rigorous system of diet?

*Wasting from Rich Diet and Coddling.*

Miss —, aged not quite a year, had become thin and puny; had no appetite; was peevish, fractious, and refused to be amused; her sleep, too, was disturbed, as manifested by moaning and other signs of uneasiness. The ordinary drug-treatment failing to improve her condition, her parents became anxious as to the result of her illness. She had been fed, by order of the medical men, with beef-tea, rich soups, and everything of the most nourishing and stimulating nature. But the more food she took, the thinner she grew. On coming under hydropathic treatment, she was ordered to take a small cupful of bread and milk morning and evening; and at dinner, a very little plain pudding, with gravy over it. Her treatment consisted in the pail douche in the morning, and towel pack twenty minutes, followed by pail douche, at midday. Within a month this child had entirely regained her flesh, strength, and spirits, and was taken home a perfect specimen of a healthy child.

The dietary of boarding schools is sometimes insufficient in quantity and bad in quality, and where this is not the case, the dishes are occasionally inappetising and disgusting to the delicate palate of youth. For we ought not to forget, that often what is set down to daintiness on the part of the child, is only the result of a fine sense of taste. The nerves of a child are more susceptible than those of an adult, and the nerves of taste and of smell participate in the general sensitiveness. Hence when a child refuses to eat, because the dish is unpalatable, or emits a smell which he dislikes, we are not justified in attributing this delicacy to caprice, nor in compelling the recusant to swallow the nauseous article, nor in keeping him without food until his aversion be mastered by hunger; for thus many a child has been half starved, and rendered miserably ill. I know a young lady of an excitable nervous temperament, and suffering from a variety of hysterical symptoms, who derives her disposition to these ailments from insufficient food while at school. Among other messes, the person with whom she boarded was in the habit of sending to table at stated times onion dumplings, that is to say, dumplings made in the same way as apple dumplings, onions being substituted for apples, and the pupils were expected to dine upon this uninviting dish. If any one refused to eat of it, she was compelled to go without her dinner. Naturally enough, the young lady felt extreme disgust at the onion dumplings, and could not induce herself to take her share. In consequence she went without food from breakfast to tea. From this cause

she became subject to faintness and depression, and was very seriously indisposed. I have no doubt that instances similar to the foregoing are of frequent occurrence. Dishes to which he feels an invincible repugnance are set before a child ; he refuses to eat, is considered dainty, and dismissed from the table. Now this happening not once nor twice, but pretty frequently, must seriously affect the health. At the very time when a child requires plentiful aliment, that he may grow and be strong, and lay the foundation of a vigorous manhood, his palate and stomach are nauseated, his appetite destroyed, his food withdrawn. Certainly a child so treated will grow pallid, and stunted, and emaciated, and feeble, and soon fall a prey to disease.

There is a general tendency in the medical profession, as well as out of it, to prescribe for children who are out of health a stimulating meat diet. A pallid scrofulous child, for example, is taken before the family attendant, and the order is immediately issued, "Let him have as much good beef and mutton as he will eat." Fortunately the child's repugnance to meat frequently nullifies this command. He refuses to take the meat which is earnestly pressed upon him. Here, as in so many other cases, the natural indications are neglected, and an artificial standard erected. Nature gives the child a disrelish for animal food, and this instinct is healthy and conservative ; for in these instances the stomach is generally unable to digest any but the simplest aliment. Frequently it will be found on examination that the child's tongue is fur-

red, his breath foul, his bowels constipated, his abdomen tumid, and perhaps tender. The digestive apparatus is, in fact, thoroughly disordered. Now, if under these circumstances we oppress the irritable organs of digestion by stimulating concentrated food, we run counter to the dictates of common sense. Yet such is the ordinary plan of treatment. To a child in the condition which I have described, a smart purgative is exhibited, followed by an alterative course of rhubarb and some mild mercurial, probably combined with calumba or some bitter tonic, intended to produce an appetite. Together with this, "plenty of good beef and mutton" is strenuously recommended. On the other hand, the rational physiologist seeks to improve the health and strength by simple natural measures, and until the disordered alimentary canal recovers its digestive power, yields to the child's instinctive inclination, and puts it upon a plain bread and milk diet. Thus he is enabled to dispense with that reiterated druggery which is equally nauseous to the palate and injurious to the economy.

In certain cases of disease, as the later stages of fevers and inflammation, and in some forms of general debility, the use of animal food is necessary even to infants. But it is to be given as a medicine—as a stimulant. In these cases it acts very much after the manner of wine, giving firmness and power to the circulation, exhilarating the nerves, and restoring the heat of the body. Most of the cases in which its use is proper will be specified hereafter.

## CHAPTER VII.

## CLOTHING.

THE object of clothing is to protect the body from the injurious results which are apt to accrue from atmospheric variations. Our own climate is notoriously subject to sudden and extreme changes, and the effect of these changes is very marked in the production of death and disease. Thus it is asserted by the Registrar-General, that *a fall of 17° or 18° below a mean temperature of 45° F. destroys 300 to 400 lives in London alone, and causes similar mortality on a larger scale in the country.* Of these victims, by far the greater proportion are the very young and the very old. The importance of clothing therefore cannot be exaggerated. Care, however, should be taken that the dress is not heating—that it does not retain for too long a period, nor in too great amount, the caloric generated by the economy; for nature intends that a large proportion of the animal heat should be immediately dissipated by radiation, because if it continue to envelope the body, confined by non-conducting articles of clothing, its effects resemble those produced by protracted lingering near a fire. A feverish state of system, marked by increased frequency of the pulse, feelings of lassitude, loss of appetite, and general decline of strength ensue. In cold and variable climates like ours, we are compelled to wear a considerable amount of covering, in order to resist the chilling influences which surround

us; but it is necessary that we should be aware of the possibility of foundering upon Scylla from over-anxiety to avoid Charybdis. Much judgment is required in clothing children. We should neither coddle a stout child, nor starve one that is weakly. A child who is well nourished, and possesses a brisk circulation, should be clad lightly; but a child who is very feeble, especially if subject to what are improperly called growing pains, requires proportionately thicker clothing. Infants are much more susceptible of cold than adults, a fact easily conceived, when we consider the general delicacy of their organism, and particularly their feeble power of generating heat. It has been shown by Mr. Roger, that the temperature of a newly-born infant is half a degree Fah. below that of a child six years of age. This fact has not been sufficiently appreciated; we are too apt to judge of the sensations of children by our own sensations, and to consider that a degree of cold which is innocuous to us cannot injure an infant. "But," says Dr. Milne Edwards, "the mortality from cold is not confined to children whom the misery of their parents cannot guard from the rigour of the weather, but it operates to a great extent, without being either perceived or suspected, in families enjoying affluence, and in which it is believed that the necessary precautions are taken; because, cold being relative, it is difficult from our own feelings to judge of its effects on others, and because it does not always manifest itself by determinate and uniform sensations. They do not feel the cold, but they have an uneasiness or an indisposition which arises from it; their constitution becomes

deteriorated by passing through the alternations of health and disease; and they sink under the action of an unknown cause. It is the more likely to be unknown, because the injurious effects of cold do not always manifest themselves during or immediately after its application; the changes are at first insensible; they increase by the repetition of the impression, or by its long duration, and the constitution is altered without the effect being suspected."

In dressing a very young child, a broad binder of fine soft flannel is first swathed firmly but not tightly round the body; and then comes a little shirt of lawn or French cambric. Over the shirt, long flannel petticoats, and other articles of dress according to the fashion of the country, are put on; and last comes the frock or robe. All these should be long, easy, clean, dry, and warm, so as to protect the wearer from cold, and yet leave as much freedom of movement as possible. The sleeves of the frock should also be long. The dress should be entirely fastened with strings. Pins should never be employed, for much suffering and even death\* has been caused by pins accidentally sticking into the brain and other parts of the infant's body. The cap should be soft, well-fitting, and care should be taken that the string be not tied so tight as to chafe the skin, nor impede the breathing. However, except in the case of peculiarly delicate children, it is much better to dispense with the cap entirely. As the infant grows older, the material may be lighter, until at six

\* Dr. Underwood relates a case where this has happened.

or eight months, if the weather be mild, it may be laid aside altogether. "As a general rule, the clothes worn at night should be both lighter and looser than the day clothes. The additional warmth produced by the bed and its coverings renders unnecessary the same amount of garments as are required during the day, and would be liable, were no change made, to overheat the body, or to exhaust it by causing profuse perspiration; while the least restraint or compression of the limbs, chest, or abdomen, renders the sleep disturbed, and by its impeding the free action of the heart and lungs is liable to produce various uneasy sensations, or even partial or general spasms. Every article of dress worn during the day should be changed on retiring to bed; this is demanded for the promotion of the comfort as well as the health of children; it allows the different portions of the clothing to be aired at short intervals, and prevents any injury that might result from the gaseous and vaporous exhalations given off by the skin, and imbibed to a greater or less extent by the clothes being retained too long in contact with it."\*

It is also a matter of great importance to well wash and swill, or immerse, even the youngest child in tepid or cold water, as its age and strength will allow, both on rising and going to bed. Afterwards gentle frictions with the hand along the back should be employed before dressing.

As a child advances in age, its dress will undergo

\* CONDIE ON *Diseases of Children*, p. 29.

alteration. At five or six months, if the temperature of the season be mild and pretty equable, its clothes may be shortened; after a year they may be still further reduced.

When children are sufficiently old to be put into short clothes, they are frequently dressed in a manner particularly absurd. A sort of highland costume, more or less modified, is not uncommonly adopted; a great heap of things is attached round the body, while the legs, and sometimes the arms, go uncovered. In the cold days of the later autumn, in the raw and damp month of November, in mid-winter, even, how many children may be seen creeping through the streets, dressed in this fancy style, the picture of misery! their little pinched faces, and bare blue legs, and miserable expression, strike a chill into the beholder, and excite his astonishment at the lamentable want of common sense displayed by English parents. One would have imagined that it needed no deep physiologist to explain, that the object of clothing is, to keep the body warm; that if we fail in this object, a child might as well go naked; and yet a multitude of persons act as though, in their opinion, the object of clothing were merely ornament, and fashion should be our sole directress. To these persons I say, "The object of clothing is to keep the body warm. Do not, therefore, send out your children half naked to face the nipping winds, and contract coughs, colds, rheumatisms, and inflammations."

It has been supposed that children may be hardened against climatic influences, and rendered robust, by

wearing a minimum of clothing, and being constantly exposed to cold. It is true, that children who *survive* this treatment are generally strong and healthy; but they are not strong and healthy in consequence, but in spite of the treatment pursued, and how many weakly children perish under the process! Thus the Highlanders of Scotland are exceedingly fine men, and their children are exposed at an early age to all weathers; but many die, and it is well known, that of large families it is rare to find more than two sons reared to manhood. The true hardening system is not to go semi-naked, whether it be warm or cold, wet or dry; but to avoid extremes of temperature, to clothe oneself warmly against cold, and lightly in warm weather, consulting one's sensations of comfort as far as possible, and to follow a *moderate hydropathic regimen*. Upon this subject Dr. Copland remarks, that "Too little clothing, particularly in females, favours the occurrence of difficult and suppressed menstruation, pulmonary disease, and disorder of the bowels. It was remarked during the French revolution, when it was the fashion to dress classically—which was almost a state of semi-nudity, and more appropriate to the warmer climates of Athens and Rome, than to those of the north of France and this country—that pulmonary diseases, rheumatism, suppressed menstruation, bowel complaints, catarrhs, and among the children who were exposed with naked busts and thin clothing, croup, and other diseases of the air passages and lungs, were uncommonly prevalent. On the other hand, too warm clothing is a source of disease, sometimes even of the

same diseases which originate in exposure to cold ; and often renders the frame more susceptible of impressions of cold, especially of cold air taken into the lungs. It has been remarked that the females in Holland, who generally use very warm clothing, warm apartments, and warm beds, are very subject to excessive menstruation and fluor albus."

I now proceed to speak more particularly of the various articles by which different parts of the body are protected.

#### *Coverings of the Head.*

1. The cap generally worn by young infants is best entirely omitted.

2. In fine weather, when children are sent into the open air, the head should be uncovered ; if the sun be powerful, a light straw hat may be put on, or if it rain or snow, or the air be very cold, or the wind very keen, a warmer cap or bonnet should be worn.

#### *Of the Neck.*

Capes, boas, and comforters are useful articles in very cold weather ; but they should never be worn unnecessarily.

#### *Of the Chest.*

Nothing can justify the practice of cramping the chest by stays, corsets, and other contrivances for improving, alias distorting the figure. Even a single bone, or corded stays, are quite inadmissible. The

chest should be left perfectly free, to develop itself after its own natural fashion. In this country the chest should always be completely covered; lightly in warm weather, warmly in cold weather, but always covered.\*

*Of the Extremities.*

1. In the warm season the arms and legs may remain uncovered, but upon the approach of cold weather they ought to be duly protected by clothing. Children whose circulation is languid are very apt to contract chilblains upon the hands and feet; in this case, warm lamb's-wool gloves and stockings may advantageously be worn; and frequently compresses round the hands or feet, beneath the gloves or socks, will excite warmth when everything else fails.

2. It is important that the child's shoe be sufficiently ample for the foot, in order to avoid the formation of corns. Frequently the children of poor parents are allowed to wear shoes which they have outgrown, and which, in consequence, pinch and distort the foot.

It has been frequently remarked by travellers, that many savage tribes are conspicuous for well-proportioned feet and ankles; and the same observation has

\* In speaking thus generally against the use of stays, I would by no means be understood to prohibit them in all cases; for I have found that young females, suffering from pain and weakness in the back, are sometimes much relieved by the support afforded by a well-made corset, and thus enabled to take walking exercise, which otherwise would have been attended with such distress as to neutralise its beneficial effect. In such instances as these, it is occasionally proper to wear stays; but all females in a state of good health should carefully avoid them.

been made with regard to the poorer classes in Scotland and in Germany, who, particularly the females, until a very recent date, habitually wore neither shoes nor stockings. Even now you may constantly see female domestics in hotter countries going about with naked feet, and they will all tell you that *cold feet* is not one of their troubles. In contrast with this fact look at the feet of all classes of the shod and stockinged community!—Look at the corns, bunions, tumours, dislocations, ingrowing nails, chilblains, sores, weak and swollen ankles, cold feet, and other annoyances which perplex prince and peasant! The savage stalks through the wet fen and over the dry desert, his feet, continually battered by wind and rain and snow, exposed to the heat of summer and the cold of winter, become incredibly strong and hardy. Their sensibility is blunted, and consequently they scarcely feel impressions which would cause acute pain to a member of a more civilized society.

Remembering these facts, it should be an object with all parents to be particularly careful in the selection of shoes or boots for their children. These should be easy and well-fitting, and as light as possible. Children who live in the country, or by the seaside, should be encouraged to paddle in the brooks or run on the sands or over the green meadows with naked feet, which will generally be found to be very grateful to them. They should also take foot-baths at suitable opportunities.

As a general rule, healthy children should not wear flannel nor silk vests. But when the cold is severe,

or when the child is delicate and ailing, even in moderately cold weather, their use is indispensable. The chief objections against flannel are, that it is apt to over-excite the skin, and frequently causes undue perspiration, which is a great cause of debility, and predisposes to various bowel complaints. Again, it renders the body tender, and susceptible of the influence of cold. "A consumptive gentlewoman in Sheffield," says Dr. Wainewright, "by the advice of a physician, putting on a flannel shift, though she was able very well to walk about the house, in two days' time was confined to her bed (from whence she never rose), without any other evident cause than wearing flannel. I was persuaded to wear flannel next my skin, above ten years ago, for a severe cough that I had got; by which I think I received some advantage; but after I had worn it a year or two I found it very troublesome and prejudicial to my health; it made me so exceedingly tender, that I was not able to bear the least cold; and I found by the experiment of leaving it off, how much it disposed me to faintness, which I mightily suspected before, and therefore I attempted several times in vain to get quit of it, but could not without some inconveniency, greater than I was willing to bear, till about two years since in a hot season, going into a cold bath, I left it off without any damage."\*

#### *Clothing.*

The use of flannel requires much greater discrimination than is usually employed; and a consideration of

\* A Mechanical Account of the Non-Naturals, by J. Wainewright, M. D. London, 4th edit., 1722.

its microscopical texture will much aid our judgment in this respect. The ultimate fibres of wool present under the microscope an appearance closely resembling that of an ear of corn. They bristle on all sides with minute spikelets arranged in file, and all pointing one way. Now then, in the case of each individual we have to consider the peculiarities of his skin and of its secretion, and how both may be affected by the spikeletted texture of flannel. If the skin be irritable and easily provoked to perspiration, flannel will be likely to excite undue irritation and secretion, and will therefore weaken; but if from existence of chest or other disease the skin continually perspires with or without very slight exertion, then flannel is advisable, because it absorbs better than linen or silk, and therefore prevents the damp from clinging to the body and producing a chill.

A coarse skin, particularly when accustomed to the flesh-brush, bears flannel well.

When the circulation of the skin is very bad, and its heat-generating power extremely low, it is necessary to retain in contact with the skin the warmth it produces, for a longer than ordinary period; because if its warmth be carried off even at the average rate, it cannot generate fresh warmth with equal rapidity. In such cases it is requisite to cover the body with a non-conducting material (and flannel is the best), that fits close to the skin, and excludes the ordinary layer of air that lies between the skin and the shirt; for it is this layer of air (particularly when damp from per-

spiration or from the state of the atmosphere) that carries off the heat generated by the skin.

It should be borne in mind that flannel is recommended only as a temporary expedient in the cases mentioned above, and therefore that it should be discontinued when the circumstances that led to its adoption disappear; that is to say, when from the action of the water-treatment or homœopathic medicines the circulation of the skin becomes good, its secretion reduced within healthy limits, and its heat-generating power restored.

There are now frequently employed compound textures, such as that known by the name of merino, which are only partly composed of wool; these, forming a medium between wool and cotton, are useful in many cases where wool could not be borne, and linen would not sufficiently retain the natural warmth.

It is hardly necessary perhaps to mention, that mackintoshes, and similar impermeable garments, are decidedly injurious, since they obstruct the escape of the insensible perspiration, and confine the heat generated by the body.

Concerning the colour of clothes, it is well to remark that black is objectionable, because this colour retains odours longer than any other. It is also heating. White is preferable to most other colours.

Parents ought also to be aware that the linen which is worn next the skin requires very frequently to be changed, especially in the case of children, who perspire freely.

## CHAPTER VIII.

## SLEEP.

CHILDREN ought to sleep in a cradle or cot, placed by the side of their mother's bed. No attempt should be made to induce sleep by rocking or hushing: silence and darkness—the natural incentives to slumber—should be allowed to operate unassisted. Rocking is even by many writers considered absolutely injurious, producing derangement of the circulation through the brain, which in susceptible children is marked by giddiness and head-ache.

For some weeks after birth, a child's life is divided between feeding and sleeping. He wakes only at the call of hunger, and slumbers immediately that he is satisfied; but by degrees less and less sleep is taken during the day. Nevertheless, for the first three or four years, an hour's sleep in the middle of the day is very beneficial, and should always when possible be procured. Children should be sent to bed early. During the first year or two they ought not to be up later than half-past five or six; and until nearly seven years of age, seven or half-past seven is a proper time for retiring. It is necessary for health that children should rise early; but they cannot rise early if they sit up late. Hence, whenever a child seems sluggish and unwilling to get up in the morning, the next night he should be sent to bed earlier, and in this way he may readily be brought into habits of early rising.

Infants should not be carelessly left to sleep covered up with clothes, or with their faces so buried in the pillow as to run the risk of impeding respiration. The following case shows that every now and then an accident of this kind occurs, and produces death. "On Thursday, Mr. G. S. Brent held an inquest at the Chalk Farm Tavern, on Stephen Claverly, the infant son of Mr. Claverly, architect, Grove Street. The child had been put to sleep on a down pillow. The nurse, after leaving her charge upon the pillow, returned in a short time, when she found it upon its face, quite dead, its head having been buried in the soft pillow, whereby it was smothered. The coroner remarked that he had never met with a clearer case of death through kindness. Verdict—'Accidental death.'"—*Journ. of Health*, vol. ii., 2nd series, p. 72.

Children ought not to sleep with persons suffering from advanced organic disease, nor with those who are aged and infirm: for under these circumstances, vital warmth and nervous power seem to flow out of the body of the child into that of his diseased companion—to the great benefit indeed of the latter, but to the serious injury of the former. The learned Sydenham wrote an essay upon the art of curing disease in the aged, by causing them to lie with those who are young and full of heat. He relates several cases successfully treated, and among others the following, which illustrates what I have said of the bad effects of the practice upon those young persons who are compelled to lie with the aged and diseased. "The very same way had I cured before Bp. Monk's

lady, who was an aged woman, of a very feeble and thin habit of body, and had an ague, which (though gone) had so weakened her, that her physician, Dr. Ridgley, looked upon her as dead; when I was sent for, she had also spitten some purulent matter and blood, which they showed me (in abundance) upon the napkin. I told the Doctor that I apprehended that nothing could save her life, but a speedy transplantation of some young spirits upon her, to which he readily agreed, and a girl of thirteen years was put in close to her breast; upon this she recovered very speedily, both of her unspiritedness and her coughing. But the girl fell sick, which was attributed to her lying with the lady, though I was confident to the contrary, having never known any mischief that way; however, she had first coming out upon her, petechiæ, and afterwards large ulcers; but Dr. Ridgley and I cured her." Dr. Copland also observes:—"I was a few years since consulted about a pale, sickly, and thin boy, of about five or six years of age. He appeared to have no specific ailment, but there was a slow and remarkable decline of flesh and strength and of the energy of all the functions—what his mother very aptly termed a gradual blight. After inquiring into the history of the case, it came out that he had been a very robust and plethoric child up to his third year, when his grandmother, a very aged person, took him to sleep with her; that he soon afterwards lost his good looks; and that he had continued to decline progressively ever since, notwithstanding medical treatment. I directed him to sleep apart from his

aged parent, and prescribed gentle tonics, change of air, &c. The recovery was rapid." \*

The benefit which the aged experience from sleeping with the young was known in the earliest times. It is stated in Holy Writ that King David had recourse to this expedient. Now whether we consider the cause of this effect to be abstraction of heat—transplantation of the vital spirits (Sydenham)—or communication of zoomagnetic influence (Colquhoun), it cannot be doubted that the giver loses in proportion as the receiver gains. Hence we should be very wary how we put healthy children to sleep with diseased persons.

Many individuals should not sleep in the same bed, nor even in the same room, especially in the summer, or when cutaneous transpiration is very active, for the emanations from the body of one are by no means beneficial to the other.

The sleeping apartment should of course be large, well-ventilated, and freely lighted.

The floors should frequently be cleansed.

There should be but light curtains to the windows, and no hangings to the bed.

The walls should be covered with paper of some light cheerful colour,—not white-washed; otherwise, when the sun shone into the room, the light would be too glaring, and calculated to injure the eyes.

The bed should be placed in such a position with regard to the window, that the beams of the rising

\* Dictionary of Practical Medicine, Art. Debility. ; ;

sun do not fall through the window upon the face of the sleeping child, nor irritate his eyes when they first open.

The greatest care should be taken to prevent pins or needles, or splinters of wood or glass, from lying about the floor; for if any such articles run into a child's foot, very serious accidents may ensue.

The child should lie upon a mattress covered with a blanket and sheet, not upon a feather-bed.

The clothes, with the exception of the sheet, ought not to be doubled over the chest.

The pillow should be low and hard.

In making beds, it is usual, I think, in Italy, to take the clothes from the bed, shake them, and leave them spread over the backs of chairs nearly all day, the windows remaining open all the time, and only to make the bed in the evening. In this way the clothes are thoroughly aired and freed from animal effluvia; but when, as is common in this country, the servants hurriedly shake the bed-clothes in the morning, and immediately re-arrange them on the bed, the exhalations from the body of the sleeper are apt to be retained, accumulated night after night, and exert an injurious influence upon those who lie in them.

It is evidently proper that the sheets and night linen should be frequently washed and kept scrupulously clean.

## CHAPTER IX.

## EXERCISE AND AMUSEMENTS.

DURING the first few weeks the infant is only capable of passive exercise. It can make no exertion of itself, but is entirely at the disposition of its parent or nurse. It therefore remains to be considered what manner and what amount of exercise should be administered by them. In the first place, it must be remarked that more danger will be incurred by officiousness and zeal than by inertness. Nature evidently does not intend that a newly-born infant should do much more than feed and sleep. It should lead at first a vegetative life, little more active than life in the womb. It is a parasitic plant—a human misletoe, attached to and deriving nutriment from the juice of the maternal trunk. A child is not meant to be tossed and swung and jumped—to have its joints wrenched from the sockets by nurses tugging at its arms—to be flung about like the brass ball of an Indian conjuror—nor in short to be submitted to any of those violent manifestations which some nurses nickname exercise. It is proper that the nurse should carry the child about in her arms, and occasionally she may impart a gentle rocking motion to the infant for a short time. But forced infantine gymnastics are altogether out of place and season.

A kind of exercise, which will be found very useful, is gentle friction of the back and limbs. This may be

applied night and morning in the nursery, due care being taken to avoid exposure to cold.

After a few months a child will voluntarily commence active exercise. He will, if allowed to lie upon the bed or carpet, extend his limbs, and move, or roll, or creep about. Now, this kind of exercise is exceedingly beneficial; the muscles of voluntary motion are put into activity, the circulation of the blood is facilitated, and the child learns gradually to regulate or coördinate his movements, so as to preserve his balance, and to effect any desired object in the quickest manner, and without superfluous expenditure of strength. In this manner, a child acquires experience and confidence in himself, and while he is thus engaged, his bones are becoming stronger and his muscles firmer; so that, when at length he begins to walk, as he will spontaneously from imitation, as soon as he feels in himself sufficient power for the attempt, he will far outstrip those whose vain or anxious parents endeavour to teach them to walk before they have been sufficiently trained by creeping. Dr. Combe observes that, left to creep about by itself, "the infant will be much better strengthened, and learn to walk much sooner, and with a more free and erect carriage, than if prematurely set on its feet, and supported either by the arm or by leading-strings. The chest also will be more fully developed, and the whole system consequently benefited. With moderate caution on the part of the attendant, there is nothing to fear in thus indulging the infant, for it is even amusing to see how careful it generally is about its

own safety when left to itself. When a mother takes the entire charge of the exercise of an infant, and judges of its risks by her own excited feelings, she is sure to err. But remove all external sources of injury, and leave the child to its own direction, and it will very rarely hurt itself by its own procedure. It will crawl till its bones become firm enough to bear the weight of the body, and its muscles powerful enough to move them." \*

*Exercise.*

When a child becomes able to walk, he must take walking exercise, proportionate of course to his strength. It is important not to over-fatigue children, for this not only neutralises the good which would otherwise accrue from the exercise, but is positively injurious, tending to debilitate the frame, and stunt the growth. By much fatigue the various organs of the body lose substance, and, before they can again fulfil their functions, require renewal. Hence the food which is digested, instead of being employed for the purposes of growth, is consumed in repairing the altered organs, and the child, *pro tempore*, ceases to increase in size. It is, I repeat, a matter of great consequence to avoid fatiguing a child. In the place of walking exercise, it will be advisable sometimes to set the child upon the back of a donkey or pony, and and so let him ride short distances. Riding, however, though useful as an auxiliary, should never be allowed

\* On the Management of Infancy, p. 269.

to supersede walking, which, as it is evidently the natural mode of progression, is therefore the best.

As a child increases in age, his muscular power increases, and he is able to take active exercise. It therefore becomes the parent's duty to consider this subject, and to acquaint himself with the physiological laws that ought to govern him in selecting the manner, and apportioning the quantity of exercise to the requirements of the youthful constitution. It is, I suppose, hardly necessary to point out that moderate exercise increases muscular strength—temporarily accelerates the circulation and respiration, purifies the blood, throws out of the system accumulated secretions—brightens the colour of the cheeks—warms the system—and by giving power to the brain and its appendages, improves the temper, banishes gloom and discontent, and, in short, produces a healthful body and a happy mind. It is hardly necessary to repeat all this, which has been so ably discussed by Drs. Andrew Combe and Edward Johnson in their respective works; but it is necessary to draw particular attention to the fact, that, with the best intention in the world, parents and preceptors are continually frustrating the benefits of exercise by their ignorance of the conditions under which exercise is useful. Exercise to be serviceable should be,

1. Taken in the open air;
2. Combined with mental relaxation;
3. Not accompanied nor followed by excessive fatigue.

A lady, sometime since, brought to me her daughter,

aged fifteen, who had suffered for some years from constantly swelled ankles. I stated my opinion that the affection was caused by deficient exercise. This the mother denied, for she said that she took care to keep her daughter actively employed, causing her to make the beds, and do other household work. Now in this case every one of the conditions required to make exercise beneficial was violated, for it will be observed the so-called exercise was taken in the impure atmosphere of a bed-room, that the mind was not cheerfully occupied (for the girl, of course, had a sense of being at *work*), and the exercise was of a fatiguing nature; for what is more tiring than to run up and down stairs, and to engage in domestic drudgery? Instances of this sort are of very frequent occurrence. Persons suppose that mere *muscular exertion* is exercise, and that rapid motion of the arms and legs is all that is required to achieve its benefits. And hence the foolish notion that the use of dumb bells or other gymnastic machines is sufficient to maintain the health of sedentary persons. A greater mistake cannot be committed. Every one knows how tedious and fatiguing it is to take a walk merely for the sake of the walk, and every one knows that, having an *object* in view, the walk is easy and pleasant. A botanical or geological excursion—a visit to a friend—a walk of any kind, when the attention is pleasantly occupied, tends to invigorate the frame. On the contrary, compulsory exercise, when the mind is constantly occupied only with the muscular efforts by which progression is effected, is exhausting and injurious. To a

reflecting mind, it is painful to witness that orderly procession which, at stated times, issues from a young ladies' boarding school. If the mistress be anything of a martinet, strict discipline is preserved, and the juvenile corps marches on with protruded chests, and toes well turned out; while every ebullition of natural feeling is suppressed. The young ladies have to walk at a certain time, in a certain manner, in a certain direction, and when they have reached a certain point, they wheel round and come home again; and that is called exercise,—that weary, heartless, lengthy promenade! *That* is to mantle the cheeks with crimson—to swell the heart with merry enjoyment—to call forth the latent energies of the frame—that lifeless, dawdling, insipid walk! How strange a misconception of the laws of health is implied in this perverse proceeding.

The proper way of exercising children is to engage them frequently in amusing games and sports.

#### *Amusement.*

Amusement is as necessary to children as to grown-up persons—it is necessary to their physical health. If they are neglected, deprived of the enjoyments proper to their age, and left without other resources than they find in themselves, they become a prey to hypochondriasis, and slowly pine away. They have no pleasure in life, and long for its speedy termination. Their appetite fails; they become emaciated, and are, indeed, pictures of misery. Extreme cases of this kind, indeed, rarely occur; but in a minor degree it

is very common to find bodily infirmity produced by mental causes in youthful persons. If a child is not contented and happy, he cannot long continue well, and he cannot be contented unless the monotony of existence be occasionally broken by his partaking in some well-chosen recreation. Hence the consideration of juvenile sports, games, and amusements becomes important in the eyes of an enlightened parent. It is evident that the amount of amusement necessary will vary in the case of every child: it will also vary with varying states of health. A sickly child, as a general rule, needs more amusement, and amusement more diversified in its nature, than a child who enjoys good health.

The healthy child of a cottager will tumble about the floor, or play with the kitten, or make dirt pies, and, amid the strange and novel objects which surrounds him, is at no loss for amusement. He crawls from the kitchen into the street or upon the common, where he is sure to find playmates willing to join in his frolics, and when he is tired he crawls back to the kitchen, and takes a delicious siesta. But the children of the rich enjoy no such privilege—they are so well taken care of, that they are not allowed to be happy in their own way. They have a nice nursery, where dirty little boys must not come; for dirty little boys are not proper company for well-bred children, but they have toys and nursemaids instead. Unhappily, toys and nursemaids are not so amusing to young children as dirt pies and the company of children of their own age. In this respect, then, little Dives may

envy little Lazarus, who does just what he pleases, and is happy all day long; for little Dives, who has servants to wait on him, and Noah's ark and whole regiments of soldiers to play with, is frequently the victim of ennui. At a very tender age, if children are only brought together and allowed full liberty, they will amuse themselves far better than any one can amuse them.

When a child is sufficiently old to run about, he will find salutary amusement in contemplating the scenes of active life with which he may be brought in contact, and that whether he be situated amid the agricultural operations of farming districts, or the nautical matters which occupy the dweller on the seashore, or the incessant bustle and business of the town.

As childhood merges into youth, and the mind aspires for distinction, the faculty of emulation demands to be gratified. Hence, at this period, amusements become trials of skill, in which one party is beaten while the other triumphs.

Under the head of sports and games I shall speak of out-door amusements. Here I allude only to such diversions as cards, draughts, chess, backgammon, dominoes, and billiards. Whatever objections may be made to cards, I certainly consider that the other diversions enumerated, indulged in moderately, have a healthy tendency. Draughts, backgammon, and dominoes are light, cheerful amusements; chess is a game which developes many of the intellectual powers; it teaches patience, concentration of mind, and deliberate reflection. Billiards combines light exer-

cise with recreation. The greatest objection to the above amusements is, that they are generally practised at night, and thus become injurious, not of themselves, but because they deprive the players of that sleep and rest which are essential to the maintenance of health. If they be not allowed to encroach upon the time devoted to slumber nor to other necessary pursuits, there can be no valid objection to them. The best time for such amusements is a rainy day, when out-of-door pastimes are impossible.

#### *Quiet Sports.*

Marbles, top, what children call cat, archery, and fishing, are among the quiet sports proper to youth. All of these have their utility—the first are little amusements always at hand, while the two last tend to impart quickness of eye and steadiness of hand. The gentle art of angling is very favourable to the formation of a patient, meditative character, and produces a love of rural scenes and taste for country life.

#### *Sports which develop particular Sets of Muscles.*

I particularly allude here to the games of quoits and hop-sotch. The latter is a hopping exercise, and is beneficial in developing the muscles of the lower extremities; while the former develops the upper extremity and chest, and imparts precision and certainty to the motion of the arm. It also educates the eye to judge of distance, and teaches the player to estimate the force required to project bodies to definite distances.

Reading aloud and singing are very well adapted to strengthen a weak chest; but it is necessary to take care lest these exercises be pushed too far, in which case they debilitate the lungs, and are liable to cause spitting of blood.

*Sports which exercise the whole Body.*

Among amusing exercises which affect the general system, there is none better adapted for young children than trundling a hoop. They are delighted to race round a lawn after the rolling circlet, and their glowing cheeks and merry laughter testify to the beneficial results. I do not think that for young children any better exercise can be devised.

For children a little older, skipping-ropes may be recommended as an occasional exercise. The game of battledoor and shuttlecock is an admirable exercise. It greatly strengthens the muscles of the arms, for the player should learn to play with both hands, and at the same time it accelerates the general circulation and produces free perspiration. This exercise is recommended in our Hydropathic Establishment as a preliminary to the baths. We find that patients warm themselves much quicker and more pleasantly at this game than by walking.

The games of touch, rounders, foot-ball, and cricket are excellent amusements for children of sufficient age. In all these games, the exercise is running, which is well adapted not only to strengthen the muscles, but to fortify the lungs. They are useful to children of a scrofulous habit, and to those who have a disposition

to consumption. They are not fitted for children who have a chronic affection of the heart.

*Exercises conducive to a Good and Elegant Carriage of the Body.*

In some schools children are regularly drilled, and the advantages of this plan are manifest. It prevents them from contracting an indolent awkward carriage, and teaches activity and subordination.

Fencing is an exercise which should be more generally taught. Besides the formation of an elegant carriage, it gives quickness of eye, readiness of hand, and teaches hand and eye to act promptly together.

With respect to *dancing*, much may be said in its favour, much in its disfavour. It is a pleasant exercise, which imparts grace and ease to the deportment; it brings young persons together, so that by mutual contact they rub off rudeness and asperity of character, and acquire tact, delicacy, and refinement. It unites to itself music, and these gentle influences inspire the breast with those soft emotions which humanize and civilize mankind. On the other hand, the period usually selected for dancing, for exciting the head and heart, for more or less violently agitating the body, is usually precisely the period that nature assigns for profound repose. But this violation of a physiological law cannot be effected with impunity. Again, at these dancing parties a plenteous supper is usually provided. Persons cram themselves with all known indigestibles, and go to bed with stomachs loaded with abominations. Here is another law violated, bringing

down additional punishment. Further, these dances conducted at midnight, amid a blaze of artificial light, to the sound of delicious music—interrupted by promenades through a brilliantly dressed concourse of persons—these dances become exciting, and give birth to feelings which should rather be restrained than fostered in young people. It is my opinion that dancing ought only to be practised by daylight and in the open air. Thus many of the evils which I have enumerated would be avoided; and the dancers would not breathe the contaminated air which is always generated when a considerable number of people meet together in a room.

*Exercises which strengthen the whole Body.*

Boxing and wrestling are good exercises. The former inures one to suffer pain, and teaches one to preserve good temper and presence of mind when the fortune of war gives to an opponent temporary superiority. Swimming is an excellent exercise, but it is often abused. I would not advise any person to go into the water to swim more than once a-day, nor to stay in the water at one time longer than half an hour. Diving should be practised with caution, as it frequently produces deafness.

Rowing is a good exercise. It developes the muscles of the arms, and expands the chest, and strengthens the back; but boat-racing is extremely injurious. It is well known at Cambridge, that persons engaged in a match frequently expectorate blood. This blood flows from a vessel ruptured in the lungs. Dr. T.

Addison, of Guy's Hospital, asserts that he has known many cases of enlargement of the heart produced by boat-racing; and this any one may readily believe who has witnessed the almost superhuman exertion displayed in the excitement of a match.

Skating is an elegant and appropriate exercise in winter, and should always be taught where opportunity exists.

The exercise of riding has always been held by the profession in high esteem. It was considered by Sydenham a certain preservative against consumption; and there can be no doubt that riding greatly strengthens the lungs. Much depends upon the *pace*, which should be accommodated to the strength of the rider. At the commencement of a course of riding, a gentle canter will be sufficient; this must afterwards be pushed into a gallop. Many diseases have been cured by hunting. Dr. T. Addison, of Guy's Hospital, told me that he was once consulted by a gentleman, in whom, upon examination, he discovered a great cavity in one lung; consequently he pronounced that death was inevitable and imminent. But seven years after, he was surprised to see the gentleman again, who told him that, learning he must die soon, he determined to spend the short remainder of his days according to his own taste; and began to hunt. Scarcely had he commenced this system, when all his symptoms improved; and he considered that he owed his life to this happy inspiration. I know a gentleman subject to chronic head-ache. Nothing does him so much good as a day's hunting. His head-ache is at first much aggravated,

but afterwards decidedly improved. Look at a young lady after a sharp gallop! Her cheeks are on fire—her eyes flash pleasure and animation—her limbs, light, airy, elastic, seem as though unlocked from mortal heaviness. Hardly can she resolve to set foot again to earth. The exercise of riding is among the very best that it is possible to enjoy. It combines every requisite—muscular motion, free contact with pure air, and pleasurable excitement. For these reasons, every young person, whose parents can afford the expense, should be taught to ride.

*Gymnastics.\**

Gymnastics are exceedingly useful in their sphere, but they ought never to interfere with the more joyous exercises above described. The more pleasant exercise can be rendered, the more efficacious it will prove; hence games and sports rank higher in a physiological point of view than gymnastics. I cannot here write a

\* For several years past, first in a humble and unobtrusive way, the "Administration de l'Assistance Publique," a body to be compared to the Poor-law Commissioners of London, have had erected a roofed gymnasium at the above hospital for children. It has been observed with astonishment that, by reverting to these bodily exercises, many of the ailments hitherto so obstinate to the art of medicine, as scrofula, rachitis, epilepsy, &c., yielded in a very short time, and that the children became also physically more gay and vigorous. A distribution of prizes is also held once a year at this medical gymnasium, for the children of the poor, which this year was attended by the highest civic authorities in France.—*Journ. of Health.*

treatise upon this subject, but must content myself with referring the reader to works especially devoted to its description, and notice only a few exercises.

The leaping-pole, by the aid of which one learns to jump considerable distances, is a useful instrument.

The parallel bars, by which one raises and supports the body upon the arms, increases the muscular power of the upper extremities.

The mast and shrouds, by which boys are taught to climb and descend with speed, dexterity, and safety, are a good adjunct to the gymnasium. They are employed at Greenwich, and other naval schools.

Dumb bells, for the most part, do much more harm than good. They strain the shoulder and the front muscles of the chest.

Various kinds of gymnastic machines, by which the motions of sawing, pulling, rowing, pumping, windlass-turning, treadmill-action, &c., are imitated, have been contrived and are useful in some cases. I do not know that any better than that made by Mr. Louis Huguenin, of Liverpool, can be recommended.

It must be remembered, however, that gymnastics are generally abused. Practised too frequently, or to too great an extent, gymnastic exercises stunt the growth, by directing all the nutritive energy towards the enlargement of particular muscles. Severe exercises of this sort may also occasion rupture or other injuries of the joints; or by over-exciting the circulation, call into activity diseases of the heart and great vessels, in young persons pre-disposed to these affec-

tions. For these reasons, every gymnasium should be superintended by an educated, skilful, and experienced director.

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## CHAPTER X.

### EDUCATION.

IN a work of this nature, it would obviously be out of place to discuss the details of the various methods of education current in society. It will be sufficient to point out a few of the errors which prevail in practice. Of these the most glaring is that forcing of the mental faculties which, although it gratifies the vanity of the parents, is an incalculable injury to the child. Every one knows that if a child be put to hard work before he has attained his full stature and the perfect development of his muscles, that child will be stunted in growth and weakened in muscular vigour. So if the brain of a child be severely tasked before it has completed its growth, that brain will be enfeebled, and the mental faculties will never reach the height to which otherwise they would have risen. To teach children to read at a very early age, to cram them with lessons in geography, arithmetic, Scripture history, and similar subjects, is not to form their minds, but to prevent their ever having a mind at all; for either these lessons are learned in parrot-fashion, that is to say, the words

are committed to memory, but their sense is not understood, or the child makes a great effort to comprehend what he is taught, and perhaps succeeds in catching its meaning. In both of these cases injury is done to the mental capacity; for, in the first case, the child learns to rely solely upon memory, which in his mind henceforward supplants the higher faculties; and, in the second case, the over-strained faculties give way at an early age, and the child's intellect, however promising, never goes beyond, or perhaps it stops short of, decent mediocrity.

'Obbedir a natura in tutto è il meglio,' said Petrarch; and nature unequivocally denounces the attempt to make children precociously clever. Does not all experience teach that infant prodigies grow into adult blockheads? The few cases of very early-developed talent which survived infancy constitute no objection to what has been said; for these persons have died young, like Pascal, or preserved unmistakeable signs of a diseased state.

The effect of early initiation into the opinions, creeds, philosophies, or scientific acquirements of their elders, is to suppress in children the habit of independent observation and reflection; for a child whose head is full of book-learning wanders about inattentively, day-dreaming, it may be, of the wonders of foreign countries, of past events, of mythical fictions, or other matters which his books have described. Thus he does not *see*, he does not *hear*, he does not *feel*, what good Mother Nature designed him to see, hear, and feel. His senses are locked to the beauties, and glories, and significan-

cies of creation. He never learns to look life and the world in the face. A child book-worm has his reflective faculties stifled; for, instead of deducing opinions for himself, he flies to his book for the solution of every difficulty, and esteems authority before reason.

The period of childhood is the period of observation—the time for the exercise and perfectioning of the senses, and for the developing of that important faculty called common sense. A child, left unimpeded to follow his instinct, acquires, in the gratification of his active curiosity, a knowledge of all the common or more evident properties of the animate and inanimate kingdoms. By free intercourse with his playmates he is familiarized with the habits and modes of thought of mankind in its early phase; and thus he learns the rudiments of all sciences, physical and metaphysical. What better education can we give to a child than this? It is the same with morals. A child learns virtue or vice from the virtues or vices which surround him. As he sees others act, so he acts himself. This is Nature's ordinance, and cannot be annulled. Be not, therefore, too ready to commence formal book tuition; but wait until the soil is thoroughly prepared, before you sow the seeds of learning. "But," it may be objected by anxious parents, "if we delay instruction, our children will become idlers and averse to the acquisition of knowledge. Early systematic instruction creates a habit of industry, and a love of knowledge." Not so: if a child is naturally industrious, inquiring, clever, none of these qualities will be stifled by slight delay in their systematic gratification. If, on

the contrary, a child is naturally idle, incurious, stupid, he cannot be made otherwise by the most energetic education; but idle, incurious, stupid (more or less) he will remain to the end of time. Do not therefore, anxious parent, exhaust thy strength in attempting to grind thy young blockhead into a genius! Thousands of women have borne blockheads beside thy wife, and thousands will bear blockheads after. It is a common lot: be satisfied. The attempt to convert a dunce into a genius ruins his constitution without improving his talent.

In my opinion, a child should not be taught to read before seven years of age; and then he should be allowed to read much or little, according to his own inclination. He may begin to write at about the same time. There is a physiological reason why the age of seven should be selected for instruction in reading and writing. It is this. Before the age of seven, the structure of the brain is not complete in all its parts. But when a child begins to read, the faculty of reflection is greatly stimulated, and its exercise exhausts a far larger amount of cerebral power than the passive reception of ideas through the senses. Now it cannot be right to call this faculty into activity, to commence intellectual wear and tear, before the brain has attained its full and ultimate development; and, as before stated, this occurs about the age of seven years.

When about ten or twelve years of age, the boy may be sent to school. Here he will learn the rudiments of general knowledge, previously to entering upon those deeper studies which are to qualify him for the

special profession or business which he is in after-life to pursue. At school, in accordance with time-hallowed prejudice, a great deal of valuable time will be squandered in the acquisition of grammatical frivolities, and the mastery of ancient fables, and the study of the dead languages. But I may be permitted to add my voice to that of those reformers who are endeavouring to institute a new order of things in matters of education. I may be allowed to protest against the absurdity of perpetuating voluntarily that Babel of tongues which the Almighty inflicted upon man as a curse. What? Is not the confusion of languages now existing sufficiently perplexing, and retardatory of human progress? Is it not greatly to be regretted that the accents of a Newton, of a Howard, of a Jenner, of an Oberlin, cannot instantly diffuse themselves over the earth, and find immediate entrance into the head and heart of the whole human family? Merely to this little fact, that various men intimate the same feelings by slightly varied motions of the lips and larynx, are to be attributed desolating wars, national hatreds, and the retrogression or temporary obstruction of art and science. Of the truth of this position all men agree, and yet (such is the inconsequence of mankind!) we contribute to exalt the mischief, by compelling our youth to study the ancient Babel in addition to the modern. We acknowledge the injury done to mankind by the diversity of tongues, yet we intentionally increase that diversity. We perceive the great benefits which would result from a diminution of the number of languages; we confess

that if by any process the whole earth could again "be of one lip," an enormous step in civilization would be gained; but in the face of all this, we teach our offspring to speak and to read not only the languages of the living, but also the languages of the dead. We bury their young minds in the ignorance and prejudice of the past. We make them familiar with obsolete religions; we poison their minds with the pagan principles of Greece and Rome; we instil into their consciences, along with the ancient languages, the ancient immorality, and then we plume ourselves with the idea that we are giving to our sons a gentlemanly education!

The system of female education pursued in this country is, in the opinion of the author, equally fatal to individual happiness and to the general interests of society. In the middle, but more particularly in the upper ranks of life, the chief object of a girl's existence is considered to consist in the formation of a suitable connexion, that is to say, in providing herself with a husband who holds a certain position in society. In order to gain this end, whatever her natural capacity may be, she is taught every accomplishment, and instructed in all that may excite admiration and captivate affection. The girl's mind thus receives a wrong bias. Her attention is not directed to the formation of a virtuous and contented character; she is not exhorted to follow at all hazards the heavenward path of duty; she is not practised in humility, in seriousness, in religion; but, on the contrary, is from her cradle upward inflamed with disquieting passions. Love is preached up as her divinity; and frivolity, dissipation,

and idleness, prolific originators of disease, follow in his train. The continual influence of melting music dissolves every firm resolve and true womanly inspiration; and the future woman, instead of undergoing the bracing system, so necessary to the complete development of her mental energies, is enervated and subdued into the mere plaything of passing emotions—the weathercock of fashion and of caprice. The female part is generally one of trial, and frequently one of oppression; and, in order to endure the ills incident to her situation, it is necessary that her mind should be exalted above this passing existence, and anchored upon the Rock of Ages. Cheerfulness, patience, strength of will, devotion to duty, these are the qualities demanded of women; but are these the qualities which she is likely to attain, perched upon the music stool, and fingering without taste or enjoyment the keys of a piano? Are these qualities imparted by the dancing-master, or the language-maker? Are these qualities inherent in a smattering of history and the use of the globes? Unfortunaely, experience has long since decided the question. Besides, the fragile forms, the hectic cheeks, the languid port of some, the hysteric sufferings of others, the dreadful and unnatural pangs of child-birth, the chronic suffering of married life, and the consumptive maladies which decimate the whole sex, sufficiently indicate that the system at present in vogue is not the system calculated best to insure the bodily health of our females. While the acute mental anguish, the chronic life-weariness, which are so frequently experienced,

prove clearly that the present mode of education fails to infuse sufficient fortitude or strength of will into the female character.

I am aware that it is now, and always has been, customary to employ the term "masculine women" in reproach and derision; and such is the fear among ladies of being considered masculine women, that hundreds are deterred from following pursuits for which they have a natural bent, solely by the terror of incurring this appellation, which, once acquired, they consider a complete bar to their marriage; for "men have such a horror of masculine women." In order, therefore, to avoid this undesirable epithet, they voluntarily enfeeble and enervate their bodies, weaken the force of their intellect, and yield themselves the willing slaves of sentimental emotions. A young lady of this stamp (and there are hundreds of them) would not read a work on mental philosophy for the world; true, she has a taste for the topic; true, she is perfectly competent to understand the author's facts, and follow his reasoning; true, she possesses twice the brains of her brother, who is cramming the same subject at the University; but then, if her friends should find her out, they would certainly ridicule her masculine taste, and consider her a very unfit person to undertake the duties of the marriage state. Algebra and mathematics, the learned languages, and the physical sciences are interdicted to woman; her intellect is studiously restrained from expansion: at seventeen or at seventy, her mind should be, according to the prejudices of society, no further developed than at seven

years of age. This same stupid dogma cripples the body at the same time that it cramps the mind. It forbids young ladies many modes of healthful and exhilarating exercise: they may not run, nor laugh very loudly, nor play at boys' games; they may not handle the bat in the cricket ground, nor the sculls on the river; they must remember that they are, or ought to be, weakly, delicate, ignorant creatures, objects of sympathy, and of compassion, which is akin to love. They must acquire white hands, and interesting complexions, and spider waists; for how could one tolerate in the boudoir or saloon the presence of a young lady with the brown hand, the broad waist, and the ruddy cheeks of Nature?

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## CHAPTER XI.

### AIR.

It is manifest to everybody that purity of the atmosphere which we breathe is essential to the preservation of health; but everybody is *not* aware to what extent impure air is injurious, nor that it is especially injurious to the young. These points are illustrated by the following statements of Dr. Underwood: "In consequence of the humane suggestions of Mr. James Hanway, about fifty years ago (1769), an Act of Parliament was passed, obliging the parish officers of

London and Westminster to send their infant poor to be nursed in the country, at proper distances from town. Before this time, not above one in twenty-four of the poor children received into the workhouse lived to be a year old; so that out of 2800, the average annual number admitted, 2690 died; whereas, since this measure was adopted, only 450 out of the whole number died; and the greater part of these deaths happen during the three weeks that the children are kept in the workhouses." \*

When we regard the extreme susceptibility of the infant constitution, the delicate organization of its nervous system, the rapidity of its circulation, we ought not to be surprised to find children more sensitive to deleterious influences than adults. Physicians are aware that a dose of opium which would manifest no perceptible action, if taken by a person of mature age, is yet sufficiently powerful even to kill a child. It is the same with other medicinal poisons, and it is the same with poisons diffused through the atmosphere. The following case, related by Dr. Underwood, of convulsions induced in a child by the alcoholic emanations from a spirit vault, proves that alterations in the constitution of the atmosphere, which apparently do not affect adult persons, exercise a powerful morbid action upon children, particularly upon those who are weakly and ailing. "The infant" in question, says Dr. Underwood, "was seized with fits when scarcely a fortnight old, and had many severe ones for

\* Diseases of Children, vol. iii. p. 118.

three days ; when, becoming more frequent, I was desired to see it. The child was suckled by its mother, but she being very feeble, and having a little fever at the time, her milk was diminished ; which occasioned the child to be fed with bread victuals, especially in the night. This I directed to be changed for cow's milk and gruel ; and, in a day or two, a wet nurse was taken to assist the mother in suckling ; who, in consequence of getting rest, was soon able to nourish her infant entirely. The child's stools being thick and pasty, castor oil and afterwards calomel were given repeatedly ; and the fits became less frequent. In a few days, however, they again became numerous, and afterwards increased to twenty and thirty in twenty-four hours, and some of them very violent. When the infant was five weeks old, the fits became almost constant ; so that, except an hour or two at a time that the child was sleeping, it was seldom five minutes out of a fit ; some of which were long, and from which the infant recovered in a kind of struggle, as if it were suffocating ; but the greater number of the fits were short and slight. *Almost every medicine that I have ever thought useful in fits was carefully administered for full five weeks* that I attended, statedly, once or more every day ; particularly oil of amber, musk, and laudanum were given very freely, and seemed at first to be useful, except that the latter no otherwise abated the fits than by procuring sleep, from which, however, the child often awoke in a convulsion. Leeches at this time were applied to the temples, and a blister in the direction of the longitudinal sinus. Every means

appearing to be in vain, all medicine was given up during the last week of my attendance, except when necessary to obviate costiveness; but the fits continued exactly the same, and the infant, in a very emaciated state, was expected to expire from one hour to another. The curious part of the case is, that when the child was eight weeks old, it was taken two or three miles into the country, at a time that its fits were almost constant. It left town in the evening, and had many fits the ensuing night; but the next day had only two, and from this time they ceased entirely, without recurring to the use of any medicine. This sudden change, and speedy entire recovery, can only be attributed, I imagine, to a change of air; which is the more probable, from the infant being removed from a bad one, the child's parents keeping a liquor-house, the lower parts of which, at least, had always a very strong and disagreeable smell of ardent spirit. The mother, however, had borne other children in the same house, none of whom had any kind of fit. May it not seem probable that though such an unwholesome air might not be sufficient to induce convulsions in a healthy child, yet the habit being once formed, such an atmosphere might keep it up in a debilitated infant?''\*

Another example of the extreme susceptibility of infants to atmospheric influences was related to me by Mr. Simons, an intelligent medical practitioner in Birmingham. He was called to see a child in convulsions. Upon entering the house, he was struck by the

\* Underwood on Diseases of Children, vol. i. p. 173.

powerful scent of strawberries which pervaded the atmosphere. In fact, several large basketsful of this fruit were stowed in the lower rooms. Now, as Mr. Simons had himself frequently suffered from oppression of the chest, and other disagreeable symptoms, induced by the odour of strawberries, it occurred to him that the convulsions in the child might originate from this cause. Accordingly, he ordered the child to be taken out of the house; and the convulsions immediately ceased.

The ordinary contaminations of the atmosphere, arising from defective drainage or sewerage, or effluvia from decaying animal matter or vegetable matter, and such like, are exceedingly pernicious to the health of children, and should be most sedulously avoided.

But even where no marked contamination of this kind can be detected, the air of towns is less salubrious, especially to infants, than country air. The air of towns is warmer, more confined and still, laden with particles of smoke, and imbued with various unwholesome gases. Now this condition of the air, although it may exert no sensible effect upon the majority of adult persons, and many children, is yet exceedingly deleterious to delicate children, whose finely-strung nerves appreciate almost inconceivably slight morbid influences. I may illustrate this position by the following case. A child, resident in the town of Warwick, and the subject of what is termed mesenteric disease, was pronounced by her medical attendants incurable, and thought to be at the point of death. Upon this her mother took her twelve miles out of

town, to a little place called Hockly Heath, that she might have the benefit of the country air; and immediately her health strikingly improved; and having since commenced hydropathic treatment, she appears progressing fast towards recovery.

The above cases and considerations are adapted, I think, to teach us this lesson. Whenever a child, or, indeed, adult person, suffers from a malady, the cause of which is obscure, or when he has been for some time treated in vain by ordinary methods, we are justified in supposing that the disease may be produced or kept up by atmospheric agency, and in removing the patient into a different air; and this, whether we can or cannot appreciate any unwholesome condition in the atmosphere. Of course, if we have the option, we should remove the patient into the pure, dry, fresh air of the country; but, if this be out of our power, he should be transferred to a more open part of the town, or even into the next street or next house, if he can be got no further; for morbid states of the air are sometimes exceedingly limited. Dr. Watson tells us of a gentleman who could sleep comfortably in one room of Meurice's hotel, but if he slept in any other he invariably had an attack of asthma.

It is a hygienic precaution strongly to be recommended, that children, whose ordinary residence is in great cities, should be taken for a certain period every year among the green fields and invigorating influences of the country, with the object of recruiting or establishing their health. For this purpose, independ-

ently of the powerful helps of bathing, strict diet, regular exercise, pleasant society, and medical supervision, hydropathic establishments are excellently adapted; and I do not doubt but that it will shortly become the general habit of parents, whose means permit them the expense, to take their children for a month or two every year into these institutions.

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## CHAPTER XII.

### BATHING.

THE temperature of an infant before birth is the same as that of the interior of its mother's body; viz. about 100° or 98° Fahr. But immediately upon its coming into contact with the atmosphere its temperature in these climates sinking to between 93° and 95° Fahr., it consequently loses from 5 to 3 degrees of heat, and experiences a painful sensation of cold. Hence "instinct," says Dr. Milne Edwards, "leads mothers to keep their infants warm (less warm, indeed, than previously to birth, but warm in comparison with older persons), though philosophers, by more or less specious reasoning, have at different times, and in different countries, induced them to abandon this guide, by persuading them that external cold would fortify the constitutions of their children, as it does those of adults." It is to the same

physiologist that we owe the observation, that the heat of mature infants at birth is from 3 to 5 degrees less than that of adults, varying from 93° to 95°; that the heat of premature infants is still less; and that the power of producing heat being in all new-born animals at a minimum, they have not the same capability as adults of resisting a great diminution of temperature. For this reason it is proper, immediately upon taking charge of the new-born child, to have it well wrapt up, and to take care that in cold weather it should be dressed in the vicinity of a comfortable fire, and be not during the operation unnecessarily exposed to cold. "The views of Dr. Edwards," says Dr. Maunsell, "have been practically confirmed by some observations of Drs. Edwards and Villeraué. It is the custom in France to convey infants, within a few hours from their birth, to the office of the mayor of the commune, in order that their birth may be registered; and Drs. E. and V. discovered that the proportion of deaths within a very limited period after birth, compared with the total births, was much greater in winter than in summer, in the northern and colder than in the southern and warmer departments, and in parishes where the inhabitants were scattered over a large surface of ground, than in others where they were more closely congregated around the mayor." Again: in reference to the same point, viz. the exposure of infants to cold, Dr. Churchill, in his recent work on the Diseases of Children, expresses himself thus:—"I have already spoken of washing the infant at birth in warm water,

and this practice must be continued daily. Dr. Armstrong and others advise the immediate or speedy use of cold water; but, in my opinion, this is a practice utterly indefensible. It causes a great shock and much distress to the child; the circulation is disturbed, and may not easily regain its equilibrium; and there is very great chance of cold." Dr. Merriman takes the same view of the question: "So many instances have occurred, within my knowledge, of cold bathing improperly and injudiciously adopted having been productive of serious ill effects, that I should ill perform the duty of an editor, did I not caution my unprofessional readers to be extremely circumspect before they adopt the use of so powerful an agent as the cold bath, not only as regards infants, but children further advanced in life." Now the facts upon which the above assertions are founded are undeniable. An infant is incapable of bearing intense cold, or of cold more moderate in degree but prolonged in application; or of cold bathing, in the words of Dr. Merriman, "improperly and injudiciously adopted." It is, however, to be regretted that Drs. Churchill and Merriman do not tell us what they understand by cold and cold bathing. Every one will allow that cold bathing in the winter, when the thermometer stands below zero, is improper for a new-born child; is it equally improper in the summer, when the temperature of the *cold* water may be 70°? The expression, cold water, is so indefinite, since its temperature varies from 32° to 60° or 70°, or higher; and what is preached about cold water is spoken so gener-

ally, that little value can be attached to the recorded opinions of the writers. The fact is, that the systematic application of cold water to infants, as well as children, is not only harmless, but even essential to their comfort and well-being. The temperature of an infant is 93° or 95°. The temperature of the water in which it is washed immediately after birth should be 65°. The operation should be despatched as quickly as possible, and the infant duly dressed. In the case of a healthy infant, it should be washed night and morning, for the first month, in water at the temperature of 60° F. Afterwards it should be instantly wrapped up in a large towel, sufficient to go completely round it, and thus dried, undergoing a sufficient amount of friction to restore its original warmth. It should then be dressed. During the second month, and after, the child should be dipped twice a day in a bucket of water, temperature 60° F. After the first six months the child may be habituated to use water at the temperature of the season, however severe the cold may be. After the bath a considerable amount of gentle friction should be used. In the case of infants born feeble and puny or prematurely, the temperature of the water should be higher—ranging between 70° and 80°.

The best form of bath for children under three years of age is, as before remarked, immersion, which may be performed once, twice, or thrice, according to its effects upon the system. If the child be of a feeble constitution, a single dip will suffice; if it be stronger, it may be dipped twice; if it be a lusty, vigorous child,

three dips will be advisable. The number of dips also must be varied according to the temperature of the water employed. In the summer time, when the water is comparatively warm, the number of dips may properly exceed those taken in winter.

At three years of age, or sometimes earlier, the child may be taught to take the pail douche, given early in the morning, instead of the dip bath. At five or six he may begin to use the shallow bath, not staying in it longer than one minute. From this period the child may use almost indifferently, or alternately, for the morning bath, the pail douche, wash-down, immersion, or shallow bath. It will be a good plan to administer one of these baths for a month, another for a second month, a third during the third month, and so on. Of course, this is recommended on the supposition that the child remains in good health; for should he become feeble or delicate, or be attacked by disease, the regulation of the baths must be referred to the medical attendant. The use of the dripping sheet may be commenced, other things being equal, about the age of seven. It should, like the baths previously employed, be taken in the morning, upon rising from bed.

When a child has attained the age of seven or eight years, it will derive advantage from an occasional sweating. This result may be procured by the vapour or hot-air bath, or, in some instances, by the blanket-packing. In the majority of cases the sweating should not be kept up longer than one or two minutes. It should be immediately followed by a cold bath; viz.

immersion, the pail douche, or wash-down. This proceeding may be practised once a week, upon rising from bed, and may be carried on, according to circumstances, for one, two, or more months.

About this age it will also be proper to pack the child occasionally in the wet sheet. The object desired is, not only to fortify the constitution by the immediate action of the process, but to familiarize the child with the method, and its effects upon the system, so that, if at any time he should be attacked by fever or inflammation, he may not dread the operation of packing, and refuse to submit to its genial influence.

At ten years of age every healthy child ought to be taught to swim. But great care is requisite, that, once instructed in this delightful exercise, the child do not abuse it by going too frequently into the water or remaining in it too long. Only a long-practised, strong, and experienced swimmer may remain in the water longer than twenty minutes at a time; and no one should swim more than once a day. Under these restrictions hardly anything is more conducive to health than this excellent art.

At twelve years of age a child may learn to use a small douche, taking care, of course, to employ it strictly according to the regulations laid down in treating of this bath.

In concluding the present chapter, the author believes that he cannot do better than quote some judicious remarks upon cold bathing, by Dr. Underwood, a writer famous in his generation, and still an authority in the management of infancy. Dr. Under-

wood observes :—"The cold bath acts on a quite different principle (from washing with cold water), and is so very beneficial that I could wish almost every child, especially those born in London, were bathed at three or four months old (provided they be not costive nor feverish at the time, have no internal obstructions, nor the season of the year be improper), which I am certain would remove, or perhaps prevent, many of their complaints." In a note to this passage, Dr. Underwood continues :—"Mons. Le Fébure de Villeburne, in his translation of this work into French, has added a chapter upon baths, in which he highly extols the warm bath, and as strongly controverts the idea of the probable good effects of cold bathing, and even makes use of a long chain of arguments against it, deduced, indeed, from an ingenious theory, and supported by quotations from the ancients, who practised, however, in a very different climate. The shortest and, perhaps, the best reply to this specious reasoning might be given in the well-known mode of Diogenes to Zeno, whose metaphysical arguments against the possibility of motion Diogenes laconically refuted, by hastily getting up and walking across the school. We have, in like manner, only to point to the numbers of children and young people who, from very weakly infants, have been rendered strong and healthy, merely from a prudent use of the cold bath ; and may defy any man to produce the like instances of its opposite effects, when made use of with the cautions which every powerful remedy requires. The Spartan women, likewise, afford us sufficient evidence

of the salutary effects of cold bathing, notwithstanding the comments made upon the women themselves by Aristotle, as quoted by our author. So great, and oftentimes surprising, indeed, are the good effects of cold baths, that I do not wonder the priests, in times of ignorance, have been known to account them holy, and dedicate them to some saint, to whose influence certain cures were attributed. The salutary operations of the cold bath are, however, easily accounted for, from its promoting insensible perspiration, and rendering that excretion less readily affected by the impression of external air."—*Diseases of Children*, vol. iii. p. 90, and seq. 1819.

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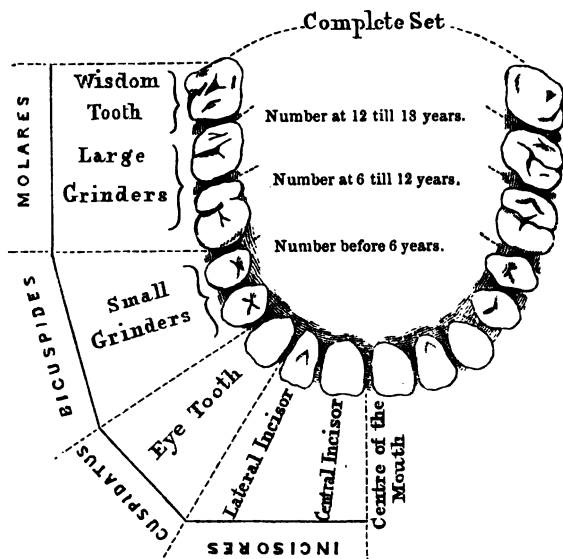
## PART II.—CHAP. I.

### TEETHING.

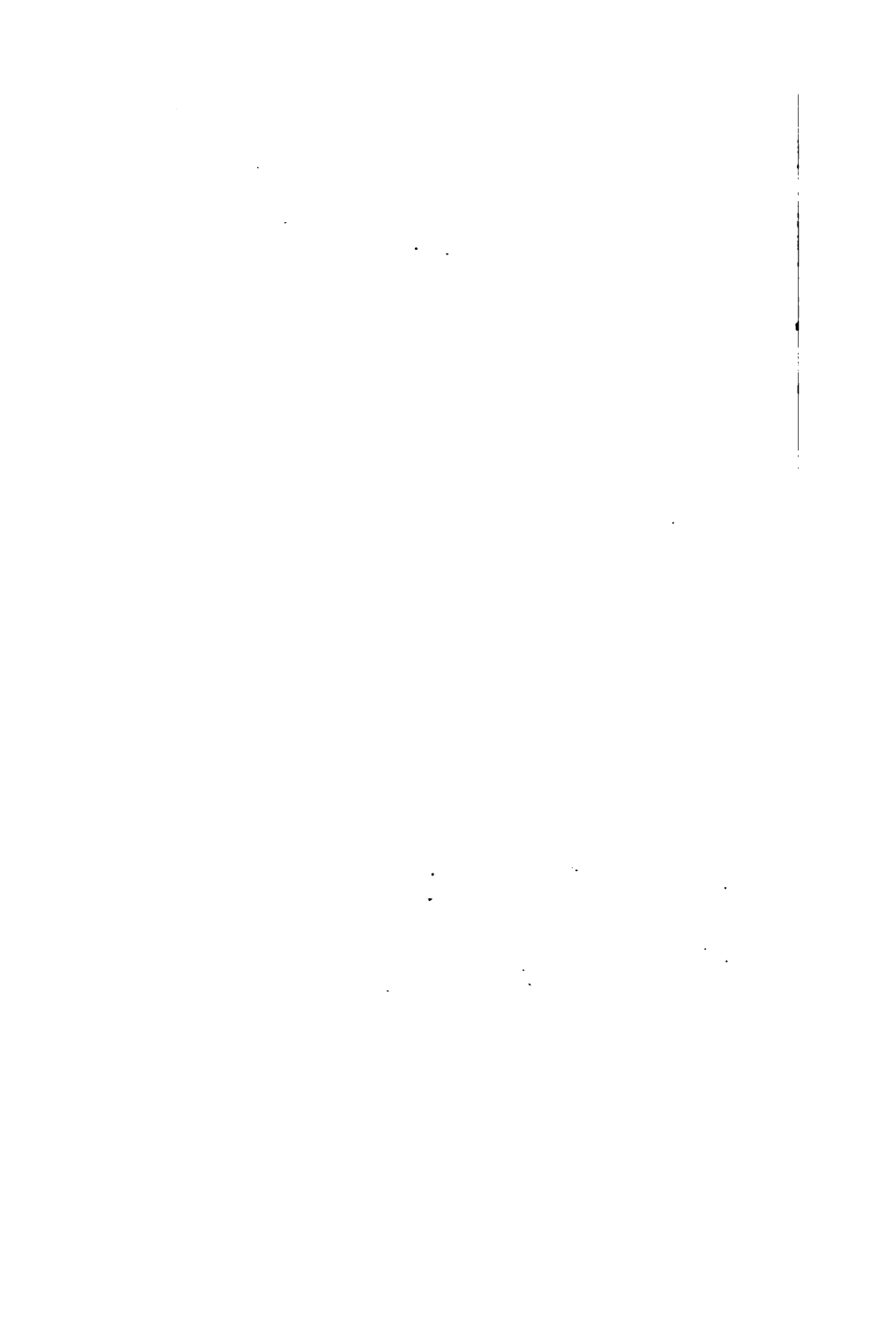
THE process of dentition may be compared, in many respects, to that of child-bearing. In both cases, a new growth is protruded from the organism at a stated period; in both, the orifices of the economy are implicated; in both, mucous membranes have the principal share in the development of the new textures; in both, there is local determination of blood, engorgement, and swelling; in both, there is or may be general excitement of the system, irritability of the nervous centres, and consequently liability to con-

# THE TEETH.

## UPPER JAW.



Shows the state of the mouth at various periods,—twenty teeth belong to the first set, and thirty-two to the second set. The first large Grinder on each side of the jaws makes its appearance about six years of age; this tooth is frequently mistaken by parents for a first tooth, and it is supposed that another will come in its place if it be removed,—such is not the case,—it is the first tooth of the additional number (twelve) belonging to the permanent set, and great care should be taken to preserve it, if there be the least sign of decay.—*After Sylvester.*



vulsion, which, when it is general and intense, may even terminate in death. In child-bearing, as in dentition, by repetition the process becomes comparatively easy; for the permanent teeth are usually cut without difficulty, and the birth of a second child is anticipated with much less apprehension than is excited by the birth of the first. When convulsions occur in a case of labour, it is considered necessary that delivery should be immediately effected by instruments, in order that the local irritation may speedily pass away. When convulsions occur during teething, it is generally proper to facilitate the birth of the tooth by lancing the gums. By this operation is effected the double object of dividing the sac, or womb of the tooth, and thus enabling it to escape, and of relieving congestion of the gums.

Dentition is a healthy and natural process, and, in a healthy child, is effected without trouble or suffering of any kind. The appearance of teeth is a necessary consequence of growth—is, in fact, part and parcel of growth—and it is inconceivable that nature should have attached pain and suffering to this simple organic act. One cannot understand why the cutting of a tooth should be more painful than the growth of a foot or finger. And we find, on reflection, that nature is by no means guilty of this inconsistency or injustice; but that to the folly and excesses of man is due the grievous suffering which so frequently attends infant dentition. Children suffer because they inherit from their parents sickly and diseased frames, or because they have been reared in disobedience to the

laws of health. Children who have been nurtured upon improper food, or in an unwholesome atmosphere, or who have been dosed with calomel and grey powder, will almost certainly experience a difficult dentition. On the other hand, the children of nature—as the offspring of the North American Indians—will pass through this ordeal without cause for complaint. The child who is brought up upon hydropathic principles will escape the annoyances and perils of this much-feared epoch.

In many cases, for some time previous to the eruption of the tooth, the gums are much swollen; there is an abundant flow of saliva from the mouth; the child dribbles, as it is called, incessantly, and thrusts its finger, or anything it can seize, into its mouth. As the teeth advance in the gums, the latter swell and become softer and tender. If there be several teeth coming forward, or if the gums be inflamed, the mouth will feel hot to the finger. The child now bites vigorously; its mother does not escape with impunity, and it carries everything it can seize to its mouth; it is fretful and uneasy; does not sleep as quietly as usual; and the bowels may be rather more free than at other times. In some cases the affection is more severe. The mouth becomes hot and dry; the gums are of a bright or deep red colour, much swollen and very tender; the child is not now inclined to bite, on account of this tenderness, and the act of sucking is attended with considerable pain. The infant is restless, cross, uneasy, crying bitterly, and refusing to be comforted or amused by its ordinary playthings. Some-

times it cannot settle to sleep; at other times, after sleeping for a while, it wakes up crying. Its thirst is great, and it takes cold drinks with avidity. The flow of saliva may be nearly arrested, or it may be excessive; and, occasionally, the glands below the jaw are enlarged and tender. The cheeks are flushed, especially after sleep. If the local inflammation continue to increase, we may find the appearance of thrush in the inside of the lips or cheeks, or the gums may ulcerate.

It appears that dentition is commonly more severe in the winter than in the summer, and in large cities than in the country, and among the badly-nourished children of the poor than the carefully-tended offspring of the rich.

#### *Secondary affections.*

In cases of severe dentition, a variety of secondary or sympathetic affections are apt to arise. Of these the most frequent are—

1. Disorder of the stomach and bowels.
2. Various affections of the skin, called tooth-rashes.
3. Nervous affections are common at this period, and of these the commonest is convulsions.
4. Many other diseases, such as inflammation of the lungs and bowels, are commonly, and, perhaps, justly considered occasionally to arise from morbid dentition.

#### *Treatment.*

1. In slight cases of local irritation about the mouth,

with dribbling of saliva, *Mercurius, corr.* 30, glob. j, may be given night and morning.

2. General feverishness, accompanying considerable local inflammation, as marked by great heat and dryness of mouth, swelling, and bright redness of the gums indicate *Aconite* 30, glob. j, every four hours. As soon as the general excitement is quieted, recourse should be had to *Mercurius*, as above. A dose of *Aconite*, as above, may at the same time be given about mid-day, and another in the afternoon.

3. A relaxed state of the bowels indicates *Cham.* 30, glob. j, night and morning.

4. Nervous irritability, marked by starting, restlessness, want of sleep, points to *Coffæa* 30, glob. j, at night, and afterwards twice in the day.

5. Determination of blood to the head indicates *Belladonna* 30, glob. j, every two, three, or four hours, according to the intensity of the symptoms.

6. The treatment of the secondary affections is discussed in another part of the work.

7. If a child, possessing tolerable strength of constitution, be very feverish and excited, it may be packed in a damp cloth, extending from the chest to the knees, for a quarter of an hour, and afterwards wiped down with water, at the temperature of 60° F. A child of less constitutional power may be momentarily immersed in water, of the temperature of 70° F., and afterwards put to bed.

8. In rare cases, where there is excessive excitement of the nervous system, it may be useful to lance the gums.

## CHAPTER II.

## MENSTRUATION AND ITS DISORDERS.

THE function of menstruation, or the periodical illness of women, consists in the secretion of a fluid resembling blood in its appearance, but not in its character. In this country it commences at about the age of fourteen, and recurs every twenty-eighth day, until the woman attains the age of from forty-four to fifty, when it usually ceases—thus continuing for about thirty years. But although in more temperate climates, as England, France, and Switzerland, this discharge first appears about the fourteenth year, it is very materially influenced by constitution, modes of living, and habits of life. Thus the girl who is delicately reared in a warm apartment, and who is constantly found indulging in the enervating luxury of a sofa and carriage, and reading books which over-excite her sensibility, will even in this country begin to be unwell in her tenth or twelfth year; and the period will be marked by an excessive flow, and frequently by pain and other sufferings. In hot countries the period arrives early, and occasionally commences even at nine years of age. It is unnecessary to remark, that this premature womanhood is the cause of that premature old age which overtakes the females of the East. The first appearance of the discharge is usually accompanied with lassitude, pain in the muscles of the back, groins,

thighs, and breasts, head-ache, dark circles round the eyes, indigestion, &c. Slight exertion causes fatigue; and sometimes feverishness, hysterical feelings, faintings, and general derangement occur. Some of these symptoms affect most young females on the first appearance of the menses, and very frequently also on the subsequent return of the discharge from month to month; and when such symptoms become very severe, and the local suffering is very great, then we say that the patient suffers from Dysmenorrhœa, or painful menstruation. It should, however, never be forgotten that *all* of these symptoms are unnatural, and evidence more or less of morbid action of the womb; for a robust and healthy woman experiences *none of them*, but menstruates without the least pain, trouble, or difficulty of any kind. The sole reason why, in this country, particularly among the middle and upper classes, menstruation is so often a time of trial, is the relaxing, unwholesome, forcing, hot-house mode of life which we pursue. The females of uncivilized countries, who live in the open air, undergo physical toil, are scantily clad, coarsely fed, frequently drenched by rain, who bathe in the brooks and streams, march barefoot through the wet bogs and prairies, and whose nervous systems are not made hysterically sensitive by plays, operas, balls, and passion-stirring romances,—these children of nature, if they have fewer moments of delighted excitement, have also fewer hours of gloom and depression, less bodily weakness, less physical pain. They live a life of tranquillity, enjoy

rude health, and require the offices of no more learned physician than the wise woman or medicine-man of the tribe.

On its first occurrence the menstrual discharge is merely reddish serum, and its recurrence is very irregular before it becomes fully established; and then, after a few months, it commences on the first day as a pale, reddish, serous fluid, which acquires a deeper hue, till it assumes the colour of blood, and then gradually becomes paler till it ceases to flow. It continues to flow in this country from three to seven days, and the quantity poured out is from four to eight ounces. But the quantity and duration of the discharge depend on constitutional temperament, habits of life, and climate. Thus large and relaxed females lose a much greater quantity; and the menses continue to flow longer than in women of spare and rigid fibre. Women of luxurious living and self-indulgence, and the natives of hot climates, have an excess over those who are more self-denying, or who dwell in cold or temperate climes.

Young women at and after the age of puberty are, as a rule, so injudiciously treated, that I think it well to make a few special remarks on *this* subject. After the commencement of menstruation, the female constitution becomes more susceptible; for the function of menstruation is very readily affected by atmospheric, moral, and physical causes; and when it has become affected, it throws the whole system into disorder. Hence a greater amount of carefulness and caution is required in the general management of young women

after than before puberty. Of course this observation applies with far greater force to the periods of menstruation than to its intervals; yet we find in practice that no distinction is made between the period and its interval: girls are permitted to undergo all kinds of exertion, and to brave exposure to the elements, quite as freely during those seasons, when a little more exertion than ordinary, or a slight chill or wetting, is sufficient to derange the sensitive uterine organs, and sympathetically cause disturbance of the whole system. The most mischievous effects constantly happen from these causes; but they are passed over in silence, or are thought to be necessary evils, and no attempt is made to remedy them. A young lady went out to ride with her uncle, when she ought to have stayed at home, and rode to a considerable distance. A shower came on, and they took shelter under some trees. At last the gentleman got impatient, and urged his niece to set off with him, and ride home as fast as she could. She complied. When they had ridden some distance, and were going at a very fast pace, a flash of lightning frightened the lady's horse; he swerved, and threw his rider. She was a little bruised, but not materially hurt; at all events she mounted again, and they at length got home. Very early the young lady complained of fatigue, and went to bed. Menstruation had ceased, and fever set in; and next morning the fever ran so high that the patient was delirious. This happened in a remote part of Ireland, and unfortunately the medical attendant who visited the patient (it is some years since) was a Sangrado, and bled,

blistered, and physicked, as he had been taught to do in all cases of serious inflammation. The lady, however, ultimately recovered—that is to say, she did not die of that illness, but her constitution was irreparably shattered; she was a chronic invalid from that moment. As I am on the subject, I may as well tell the rest of the story, although it does not concern my immediate object; but it illustrates very well the nature of the “allopathic system.” Some years after this occurrence, the lady’s health was again shaken by an unfortunate attachment; and on one occasion a sudden announcement was made in her presence that caused her to swoon. A doctor was called to see her, and as he was an Indian practitioner he of course bled her on the spot, and prescribed a course of calomel. This was the final blow. The corporeal weakness that followed may be conceived; but the mind became feeble also. She had been a person of brilliant accomplishments; her mind is now that of a child.

Parents allow their daughters, during menstruation, to go to balls, and theatres, and concerts, to join in pic-nics, to take long walks or rides, to perform long and fatiguing musical exercises, to do, in short, just what they do at any other time; but this is most manifestly pernicious. None of these things—none of those things that produce physical or mental fatigue or excitement—ought to be allowed.

It is very true that persons in the lower conditions of life, that is to say, those who are accustomed to labour and hardship, and particularly those who are much in the open air, may, even at the menstruating

epochs, undergo fatigue with impunity; but the bodies of the lower classes are strong from labour, while the bodies of the middle and upper classes are weak from idleness. Were young ladies brought up from the cradle hydropathically, were they inured to everything that braces and hardens the system, they also might at the periods of menstruation undergo fatigue and hardship; but so long as they are bred delicately, as they now are, they must be treated as invalids during menstruation; they must be prevented from disturbing that function, and so lighting a flame which it is generally difficult and sometimes impossible to put out.

### *Delayed Menstruation.*

When menstruation is delayed beyond the ordinary period, the 14th or 15th year, nothing ought to be done unless the individual present some symptoms of suffering in some way from the delay; for it is peculiar to the constitution of some to be much later than the majority. Of course all the ordinary hygienic laws ought carefully to be attended to; exercise, clothing, diet, bathing, sleep, &c. &c., should be rigidly regulated. But if the person present certain symptoms which she should not present, a course of hydropathy or homœopathy, or both, should be adopted.

The hydropathic treatment will be purely tonic, and will vary greatly in its nature according to the constitution of the patient. A high-bred girl, habituated to delicate living, with the use of wine, whose nerves are highly strung, whose circulation is weak, whose mus-

cles are flaccid, whose complexion is pale, who has been accustomed rather to ride than to walk, who can dance the whole night, but cannot walk half a mile,—such a patient as this must be very gingerly dealt with. She must have very light treatment, and principally wet towel rubbing, or pail douche, or something of that kind, once or twice a day for a considerable time. The treatment must be increased slowly and cautiously.

On the other hand, a ruddy robust girl, accustomed to walk and run on the legs that nature gave her, whose nerves are less sensitive, but whose muscles and circulation are stronger,—this patient may, indeed, begin by taking the wet towel rubbing or pail douche; but she may very quickly advance to the shallow bath, and to the packing, and to the sitz bath. With moderate carefulness, it will not be easy to do her anything but good.

Pulsatilla is the most generally useful remedy, particularly if there be pain in the lower part of the abdomen and across the small of the back, paleness of the face, with occasional flushings of heat, coldness of the hands and feet, and disposition to general coldness. Give one globule of Pulsatilla 30 in a little water every morning for two or three weeks. After this medicine, if no improvement occurs, give Sulphur 30, glob. j, in a little water every third morning for a fortnight.

The cold foot bath twice a day, preceded and followed by exercise; walking barefoot on the wet sands of the sea-beach, or amid the wet grass of the

country early in the morning, are excellent remedies in *any* kinds of menstrual irregularity.

The cold sitz bath, for from 5 to 30 min., is often useful as a local tonic.

The warm sitz bath, temperature 80° to 90° F., for from 5 to 10 minutes, is useful when there appear ineffectual pains of the back, or loins, or thighs.

Particular attention should be paid to the clothing in all kinds of menstrual irregularity. If the patient be chilly, with cold hands and feet, and tendency to chilblains, she should be very warmly clad, and kept comfortable. At the same time, appropriate hydropathic treatment should be adopted, for the purpose of encouraging the natural generation of animal heat.

### *Suppressed Menses.*

The most generally serviceable medicine is Pulsatilla, particularly when the suppression results from exposure to damp. Give Pulsatilla 30, glob. j, in a little water every morning for a week. Sepia is also very useful, chiefly in women of delicate constitution, where there is sallowness of the complexion, yellowish spots on the face, &c. Give Sepia 30, glob. j, every other morning for a week; then every third morning for a second week; then every fourth morning for a third week; unless symptoms demanding the administration of other medicines occur.

Hydropathically we employ the graduated tonic treatment, which, by regulating the circulation, &c., restores, after a time, the suppressed function; or sometimes in stout females who can bear the treat-

ment, a sudden shock, such as that produced by throwing cold water over the person (the pail douche), or a few electric shocks to the lower part of the spine, will instantly bring on the discharge. I have known both these results frequently to occur. But such treatment is not adapted to delicate nor timid persons, for in them the shock does more harm than good. In the latter class of cases, cold, tepid, and warm sitz baths and foot baths, with the occasional use of the wet or damp rubbing towels once or twice a day, will prove of the greatest service.

*Case.* Miss D——, aged 17. A stout, strong girl, daughter of a labourer. Menstruation had not appeared for two months. Ordered to wait until the proper time for the period should come round, and then take pail douche. The first pail douche brought on the menses instantaneously.

### *Too Copious Menstruation.*

This malady is much more serious than the preceding; for it debilitates the general system, and renders various important organs liable to take on congestion or inflammation. It also usually implies a delicacy of constitution.

In slight cases the patient may be allowed to go about during her illness, provided that she is particularly careful to do nothing that shall fatigue, shock, or in any way jar the system; but where the malady is more serious, *entire rest in the horizontal position during the whole period of menstruation is imperatively necessary.* But the patient should during such time be

kept *lightly* clad, for heat encourages the flow; not so lightly, however, as to cause feelings of wretchedness and physical discomfort. The room ought to be very well ventilated, and, if possible, the window should be kept wide open all the period. All drinks should be *cold*, and in bad cases *iced*.

Ipecacuanha 30, glob. j, may be given every 3—12 hours.

The hydropathic treatment is chiefly applicable during the intervals. It must take the form of moderate tonic measures (for these patients are usually very weakly and delicate): tepid at first, and afterwards cold damp or wet rubbing towels once or twice a day, local short packings, short sitz and foot baths, &c. &c.

It is highly important that the mind should be kept as calm and quiet as possible; for nervous anxiety greatly increases the menstrual flow.

#### *Painful Menstruation—Dysmenorrhœa,*

In its severest forms, is caused either by spasmodic closure of the neck of the womb, which impedes or prevents the flow, or by the formation of a false membrane over the lining membrane of the womb, which false membrane appears usually in shreddy pieces in the discharge.

The chief homœopathic remedies during the period are Aconite and Belladonna, given in alternation; glob. j, of the 30th potency, every two hours.

In cases where the pain is so great that it almost causes distraction, chloroform may be administered, after the hot sitz bath. In some cases it is necessary

mechanically to dilate the mouth of the womb, although this proceeding should never be resorted to until other means have failed ; and it is best performed in the interval between the periods.

In the interval various homœopathic remedies, as Sulphur, &c., may have to be employed. The hydropathic treatment is peculiarly successful in removing this complaint. It very rarely fails, when conscientiously carried out for a sufficient length of time. Foot and sitz baths, compresses worn round the loins and abdomen, and the general processes, as packing, sweating, rubbing-sheets, &c., must be employed, according to the constitution of the patient and the violence of the disease. None but slight cases ought to be treated at home.

*Case.* Miss H. — has suffered for ten years from this complaint. Menstruates regularly as to time and as to quantity ; but experiences very great pain, not in the usual seat of suffering, viz. the back and loins, but at the lower part of the abdomen. The pain is frequently so excruciating as to oblige her to have recourse to opium. It is at its worst during the first three days, but is very considerable the whole time. There is no leucorrhœa nor any disease of the womb or its appendages ; the exceedingly distressing pain of menstruation is her complaint. She complains, however, in addition, of sleeplessness, rarely sleeping more than two, three, or four hours in the night ; and this has gone on for years. Sometimes she sleeps somewhat better, sometimes somewhat worse. The result is that she is thin, pale, worn, and nervous, and gener-

ally out of health. She took the following treatment, and the result was that, after the third month, she menstruated with comparative ease and freedom from pain, experiencing in fact only that trifling uneasiness which so many thousands who consider themselves in good health always experience. Her sleep returned, and in consequence her general health regained its natural vigour.

1856.	Morning.	Mid-day.	Afternoon.
Mar. 20.	Wet towel rubbing, 2 towels.	Sitz, 15 m.	Wet tow. rub., 2 towels.
April 5.	As before, temp. 65° F.	Shall. 65° F. 1 m.	Rub. sheet.
May 3.	½ pack 30; wet rubbing towels, 70° F., on going to bed, in addition to other treatment.		
— 12.	Shallow b. 1 m. cold.	Wet rubbing towels cold.	Rub. sheet.
June 19.	2 pail douche.	2 p. d. alternated with douche 1 m.	Wet rub. tow. 2 towels.
July 9.	Shallow bath 1 min.	Douche 1 m.	Shall. b. 1 m.
— 29.	As before.		

### *Whites.*

Females suffering from this complaint should adopt a bracing regimen; for this symptom indicates weakness. They should conform in all points to the rules laid down in the early chapters of this work, as regards exercise, clothing, &c., and should employ a tonic hydropathic treatment. Cold or tepid sitz baths from 5 to 15 minutes, once or twice in the day, with the abdominal compress, will be found highly beneficial. Persons who are not able to do more, should at least take every morning on rising a wet towel rubbing, duly followed by exercise. Refer to the chapter on

tonic hydropathic treatment for more detailed directions.

*Calcarea Carb.* is suited to females of lymphatic constitution, light complexion, and subject to copious frequently recurring menstruation.

*Pulsatilla* to females of similar constitution, but who do not menstruate readily.

*Sepia* to persons of yellowish complexion, who have greenish or fetid discharges, which sometimes produce excoriations, with bearing-down pains, frequent desire to pass urine, &c.

The above medicines may be taken as follows. One glob. of the 30th potency every morning for a fortnight, unless a change in the symptoms occur, and render necessary a change or suspension of medicine.

#### *Green Sickness.*

This affection (technically named Chlorosis) in its bad forms closely resembles consumption or dropsy, and is consequently often mistaken for these diseases by the friends of the patient. It is however far less serious than these, and rarely indeed terminates fatally. The most characteristic symptom of the complaint is the disappearance of colour from the cheeks. The complexion, which may have been fresh and rosy, fades, until in the worst forms of the affection the cheeks are of a waxy or leaden white hue, painful to behold. The strength is impaired. There is almost always menstrual derangement (usually cessation of the menses), various nervous symptoms (as pains in one or another region of the body, tremulousness, sensations of sadness, or merely low spirits), disturbed di-

gestion (generally loss of appetite, capricious liking and disliking, uneasiness at the pit of the stomach, constipation, &c.). Frequently there is a cough, and it mostly happens that the ankles swell towards night, but subside again after a night's rest. In some cases the face and other parts are swollen and apparently dropsical.

This malady yields readily, if reasonable time be allowed, to the combined treatment. It is a disease of debility, and the tonic hydropathic treatment is therefore required. These patients also, as a general rule, thrive best under a pretty active treatment. Pail douche, shallow bath, and the douche are commonly borne better than rubbing sheets and packing. Refer to chapter on tonic hydropathic treatment for the detail of the measures usually required.

Pulsatilla is a remedy of very general applicability ; but Ferrum is the medicine most generally successful, according to my experience. Dr. Hartmann, in his work on the Homœopathic Treatment of Chronic Diseases, says :—"Ferrum is the grandest remedy for inveterate cases of chlorosis, and it should be continued until every vestige of arterial murmur has disappeared. But it must be given in massive doses ; small doses are of no avail. Even iron mineral springs have to be resorted to, and in some few cases we may have to give iron in large allopathic doses."

Give Pulsatilla 30, glob. j, in a little water night and morning for a fortnight, unless a change in the symptoms require a change of medicine. Of Ferrum give one grain of the 3rd trit. night and morning, like Pulsatilla.

## PART III.

## HEADACHE.

THE great diversity of character, both as regards the nature of the painful sensations and of the accompanying symptoms, which distinguishes headaches, renders it impossible here to draw the portraiture of the affection; suffice it now to give a few general indications for the selection of the homœopathic remedy.

If the headache be of a chronic character, it will usually be requisite for the patient to submit to a prolonged course of antipsoric treatment, which, however, may in most cases be abridged, and in many cases superseded, by a shorter hydropathic course.

The most notable and generally employed remedies in cases of *acute* headache, whether of a nervous or congestive character, are Aconite and Belladonna. Nux is also much used, particularly if there be any primary derangement of the stomach or bowels present. These remedies may be given thus:—

Dissolve of Aconite, Belladonna, or Nux, according to circumstances, glob. j., in a tumblerful of water; a teaspoonful every quarter of an hour. It will usually be right to give Aconite first, and afterwards, should the Aconite fail, Belladonna.

Upon the decline of the attack, Sanguinaria may be administered in the same way, but at intervals of half an hour or an hour, for two or three doses, in lieu of the preceding.

If these medicines prove unavailing, or other indications, as those below enumerated, exist, other remedies, as those which follow, must be tried.

For hysterical headaches, Aurum, Valeriana, &c., are adapted.

For headache in very sensitive persons, Ignatia, &c.

For headaches arising from habitual use of coffee, Nux, Chamomilla, &c.

Arising from disturbance of the stomach and bowels, Antimonium, Pulsatilla, &c.

From constipation, Opium, Sulphur, &c.

From long-continued excessive mental application, Nux, Opium, Sulphur.

From sitting up late, Cocculus, Nux, &c.

From exposure to a draught, Aconite, Belladonna, Colocynth, &c.

From cold, damp, or boisterous weather, Bryonia, Nux, Carbo veg.

From hot sultry weather, Silicea.

From revelling or abuse of spirits, Carbo veg. or Nux.

From grief, Ignatia.

From anger, Chamomilla, Nux, &c.

From fright, Opium.

From external injuries, Arnica, Cicuta.

From straining, Calcarea, Rhus.

From smoking or abuse of snuff, Aconite, Antimonium, &c.

From abuse of Mercury, Carbo veg.

From suppressed menstruation, Pulsatilla.

From excessive menstruation, Platina, Calcareæ, &c.

From leucorrhœa, Sepia.

From general debility from loss of fluids, China.

Rheumatic headache, Bryonia, Pulsatilla.

Periodic, Arsenicum, China.

Attended with affections of the bones, Mezereum.

For pain as if a nail were driven into the brain (clavus hystericus), Ignatia, Coffœa.

Severe one-sided headache, coming on in the evening, Eugenia.

Headache (weight in the forehead) *in the heat of the sun, disappearing in the shade, or headache after drinking milk*, Bromium.

Headache, with feeling of emptiness in the head, Coccus.

Headache, attended with numbness and tingling in various parts, and tendency to fall asleep of the limbs, and night-mare, Aconite.

In the headache of persons subject to St. Vitus' dance, and nervous twitchings, with weakness of the spine, Agaricus Musc.

In headaches when the eye-ball is pale and sunken, with blue circles about the eyes, and blueness of the lips, Arsenicum.

Against headaches *just before or after* menstruation, with painful weight, tightness, and dulness of the head, and throbbing in the back of the head, Asarum Europæum.

Sudden and acute headaches, from excessive fatigue

or debility; headaches characterized by throbbing in the back of the head; headaches from suppressed perspiration; headaches marked by warm or perspiring skin, redness of the face, sparkling of the eyes, &c.; and *apoplectic* headaches, with wandering of the mind, sleepiness, &c., indicate the use of Camphor.

Headaches attended with great restlessness, much chilliness, trembling of the limbs, noises in the ears, some deafness, decided hunger, constipation, frequent pulse, heat of skin, redness of the face, point to China.

In headaches which attend the change of life in women, or which follow obstinate and fatiguing bleeding of the nose, give Crocus.

Headaches arising from an unhealthy state of the system, as marked by the frequent occurrence of pimples, boils, granular indurations, and suppurations, indicate Hepar Sulph., Calcarea, and Carbo Animalis; but Hepar is more applicable to headaches which commence early in the morning, and are relieved by exposure to the open air; while those which commence early in the morning, but are aggravated by exposure to the open air, are adapted for Calcarea.

In headaches attended with vomiting of green mucus, or attended with pain in the small of the back, colic, and desire to vomit; in violent headache, with profuse flow of urine, aching pain in one side of the head, with pain in the stomach; in excessive headache, ceasing at the setting in of the menses;—in all these various forms of the affection Veratrum is the appropriate remedy.

Headaches attended with much palpitation of the heart, Spigelia.

Great fulness and violent aching pains, or pains as if the head would split, or as if everything would issue through the forehead or one side ; wavering shocks and undulations in the head, as of water ; violent throbbing of the temporal arteries, and swelling of the veins of the head ; headache accompanied with giddiness, stupefaction, red and bloated face, red eyes ; excessive sensitiveness to noise, light, shock, or contact ; buzzing in the ears ; obscuration of sight,—all these symptoms, separate or united, are relieved or cured by *Belladonna*.

The medicines above enumerated may be exhibited, in appropriate cases, in the same way as recommended for *Aconite*, *Belladonna*, and *Nux Vomica*.

The *hydropathic* appliances of use in the treatment of headache are the head bath, head douche, head compress, sitz bath, foot and dew bath ; and the wet sheet packing, or shallow bath, in certain cases.

The compress may be employed in nearly all acute cases : it should be frequently changed during the day. In cases of chronic headache, a compress may be worn at the back of the neck ; if this has the effect of producing a boil in that situation, it will generally prove serviceable.

The head douche is useful principally in cases of active determination of blood to the head, or cases of violent, unbearable hysteric headache. It should not be employed in the chronic headaches of hypochondriacal persons of highly irritable nerves.

The head bath is useful for headache affecting the forehead and front of the head.

The sitz bath is generally advantageous in cases where the head douche is counter-indicated, in highly sensitive, irritable, nervous individuals, subject to chronic headaches.

The foot and dew bath are applicable in cases where the headache depends upon deficient or excessive menstruation, &c.

The wet sheet packing and shallow bath relieve feverish or inflammatory headaches.

Persons who are subject to disagreeable dreams from the congestion which occurs during sleep, and wake with headache, may generally get relief by well washing the head with cold water before going to bed, using a hard pillow, and taking care to keep the head cool during sleep. In the morning, on rising, they should again well wash the head in cold water.

The head sympathizes so entirely with every organ of the body, that hardly any function can go wrong without at one time or the other producing various painful sensations in the head. In cases of this kind, of course, it is futile to attempt to cure the headache independently of its exciting cause; and in very many instances, upon removing this exciting cause, the headache of itself ceases. Hence it is that headache yields so commonly to the full hydropathic treatment, as carried out at an Establishment, although the object of the treatment may merely have been to cleanse and improve the general working of the system. Under the hydropathic treatment the locked-up secretions,

are set a flowing, the appetite and digestion are restored, the bowels are put right, morbid humours and lurking poisons, medicinal or otherwise, are evacuated, and the blood-vessels are filled with new and healthy blood. The brain partakes in the universal renovation that is going on. If it be too full of blood, the equalization of the circulation, which is effected by a hydropathic course, abstracts the superfluity; if it be too empty, a portion of the new-created blood is directed into it; if it suffer from the presence of a poison in the blood, this poison is swept out of the economy; if it be merely over-strained, it gets repose. Thus in a thousand ways the hydropathic treatment reacts beneficially on the brain, and relieves its multiform affections.

Headache is frequently caused, in children of an active nervous temperament, by over-exertion. These children should be made to lie down an hour in the morning, and, if necessary, an hour also in the afternoon.

*Case.* Anne —, aged eighteen, had the measles two years back, which left behind a chronic aching of the forehead, of which she has never been able to get rid. When it is more than commonly severe, a vesiculo-pustular eruption breaks out in the forehead, which however does *not* relieve the headache. It is worse about four every afternoon. Ordered compress to forehead, and dripping sheet, twice a day. After a while this was alternated with the vapour bath once a day, for 15 minutes, followed by pail douche. She also took Sulphur 1 grain twice a day, for twelve days. In about six weeks she got rid—or very nearly so—of her

headaches. It is a remarkable fact, that on the second day of taking the powder, an eruption, consisting of small dusky brown spots and minute pimples, broke out over the whole body. This eruption she has had every spring, since the measles.

#### INFLAMMATION OF THE BRAIN—BRAIN FEVER.

Inflammation of the brain exhibits two stages ; the former we term the stage of excitement, the latter that of collapse. The former period is marked by pain in the head, often intense and deeply seated, or extending over a considerable part of it ; a sense of constriction across the forehead ; throbbing of the temporal arteries ; flushing of the face ; redness of the eyes, which have a wild and brilliant look ; contraction of the pupils ; preternatural sensibility to external impressions, amounting frequently to impatience of light and of sound ; violent delirium ; want of sleep ; paroxysms of general convulsion ; a parched and dry skin ; a frequent and hard pulse ; a white tongue ; thirst ; nausea and vomiting ; constipation of the bowels. After a certain period these symptoms disappear, and make way for others, characteristic of the period of *collapse*. The patient ceases to complain of headache ; instead of being excited or wildly delirious, he mutters indistinctly, and falls into a state of stupor, from which it is difficult and at length impossible to rouse him ; his vision and hearing are no longer painfully acute, but dull or perverted ; squinting and double vision are not uncommon, and the pupil, from being contracted to the

size of a pin's head, becomes first oscillating, then widely dilated, and ultimately motionless. The patient is not shaken, at this period, with violent convulsions; but twitchings of his muscles and starting of their tendons come on, and some of his limbs are agitated with tremors, or become powerless and palsied; the countenance is ghastly and cadaverous; cold sweats break out; at length the insensibility becomes profound, and life ceases.

The above description, taken with slight alterations from Dr. Watson's Practice of Physic, is to be regarded as *typical*, and not accurately representing the course and nature of the symptoms in all cases; which, seeing that these vary greatly, would be an impossible task.

#### *Treatment.*

Aconite and Belladonna, given in alternation, are the grand remedies in the stage of excitement.

Tinct. Aconite 3, drops iv., in a tumblerful of water; one teaspoonful every half hour.

Tinct. Belladonna 3, in the same way. Hyoscyamus is given in stupor, loss of consciousness, delirium; the patient talking about his domestic affairs, singing, muttering, smiling, grasping at flocks, &c.

Opium is given in deep lethargic sleep, with or without deep snoring respiration, with the eyes half closed, stupefaction after waking, complete listlessness and dulness of sense (state of collapse).

Stramonium, when the sleep is almost natural, with twitching of the limbs, wandering, tossing about, absence of mind after waking; feverish heat, red face,

and moist skin. Stramonium acts pretty much as Belladonna, but it is adapted better to cases where the pain in the head is not very great, but the spasms are more prominent.

Zincum is particularly adapted to the stage of collapse, especially in extreme cases, where there is icy coldness of the extremities or of the entire body, blueness of the hands and feet, impeded respiration; small, weak, scarcely perceptible pulse.

Inflammation of the brain, arising from a sun-stroke, is well treated by Aconite and Belladonna, followed by Camphora or Lachesis.

When it arises from external injury, Aconite, Belladonna, and Arnica are useful.

Originating from suppressed discharge from the ear, Sulphur and Pulsatilla are indicated.

The hydropathic treatment must be conducted upon general principles. Where there is great heat of skin and quick hard pulse, a series of packings may be administered, as recommended under the head "Antiphlogistic Treatment." No parent should undertake to treat such a case, unless unable to procure the assistance of a qualified practitioner.

The patient's hair should generally be taken off, and the head and face kept cool—not by ice, but by compresses applied round the head, forehead, back of the head and neck, and a short distance down the spine.

It is very necessary that the patient should be kept quiet, that light and noise should be excluded, and that but one or, at the utmost, two persons should remain in his presence.

Injectations of cold or tepid water may be used, if the bowels remain obstinately confined.

The patient's diet should be adapted to his instinct. Usually there is total loss of appetite; and of course when this is the case no food should be given, unless under the circumstances detailed in Chapter V.

He may drink of cold water *ad libitum*.

*Case.* "Alexander K——, aged 3 years, was a fine lively child, but with a disposition to inflammatory affections of the stomach and bowels. A month previous to the present disease, he had an attack of inflammation of the stomach, accompanied with strong fever and determination of blood to the head. In the evening the child was put into a bath not quite cold, in which he remained about 20 minutes, additional cold water being added, as the temperature rose by the heat from the child; during this time, cold water was poured from a tumbler glass on the head, repeated at intervals of a minute, and, as is usual, his whole body was rubbed cautiously by the maid. He was then taken out of the bath and placed on the sofa, covered over with a sheet and blanket, with the back part of his head in cold water for ten minutes. By this time reaction had taken place, when wet compresses were applied to the head and back part of the neck, and the body, from the armpits to the hips, wrapped in a similar way. He slept quietly till three o'clock in the morning, when the same process was repeated, the previous symptoms having returned: the child was again placed in bed, where he slept till morning, and was then found to be quite well, and went out as usual.

“A month after this attack, he was taken ill in a similar way, but with symptoms much more severe, the fever running high, and accompanied with delirium. The treatment was commenced by placing him successively in nine wet sheets, from which the water was but slightly wrung out. In each of these he remained about five minutes. Towards the last, the heat being diminished, he was allowed to remain ten minutes. To the head and breast a thick wet compress was applied in addition, these being the parts where the heat was greatest. The feet were cold, and, as long as they remained so, the wet sheet was only applied down to the knees; in the mean time the feet and legs were rubbed strongly with the hands. While the extreme heat continued, the wet sheet was covered with a thick dry one, instead of a blanket, as is usual, the feet only being covered (with the blanket). After the last wet sheet, he was placed at once in a tepid bath, where he remained an hour, the same process of rubbing and pouring water over the head being practised.

“The first day the same process was repeated four times, the duration of the last being not so long, when the fever was not so high. During the night the wet cloth was changed every half hour. On the morning of the second day the child refused to go into the water, calling out himself at intervals for additional wet sheets. Orders were given that the inclination of the child should be obeyed. In the course of the morning the child desired, himself, that he might be put into the bath, where he remained until the heat in the armpits and on the back of the neck was the same as

on the rest of the body ; this being the general guide for the duration of a bath.

“The same treatment, slightly varied, was continued four days, when the child was well and was sent out to play with the other children. In eight days after this a pustule appeared on the foot, which discharged matter freely.” — DR. E. JOHNSON’S *Principles of Hydropathy*.

#### BRAIN FEVER—WATER ON THE BRAIN.

When this affection comes on gradually, the first thing observed is some kind of disorder of the stomach or bowels, as variable appetite, foul breath, tumid abdomen, constipation, nausea, &c. By and by the child grows thin and pale, and the head is manifestly implicated, the child becoming sleepy, restless, fretful, or unnaturally wakeful, and complaining of pain in the head ; his sleep is disturbed by frightful dreams ; he grinds his teeth, and sometimes wakes his parents by a loud scream. During the attack of pain, he clenches his fist, and the thumbs are turned in upon the palm. After a time, what is called the active stage sets in. The pain in the head is terrible ; coming on at intervals, it drives the sufferer to give vent to the most piercing cries ; the head is hot ; the pupils are contracted ; light sounds and the slightest motion cause distress ; the pulse is quick and sharp ; there is pain and stiffness in the back of the neck ; pain in the limbs ; tenderness of scalp. The child sighs frequently, looks grave or sad, and his brow is constantly

knit. Nausea and vomiting occur. The second stage is marked by depression ; all the violent symptoms, including the pain in the head, subside ; the child is continually asleep, but utters an occasional cry of distress ; his senses are blunted ; sometimes he is convulsed from time to time, and he squints, bores his fingers into his ears or nostrils, and picks his lips. The pulse is irregular, and often slow. This stage may possibly last some ten or twelve days, until the third and last stage coming on, the violence of the disease appears to be lighted up again. The pulse rises ; the patient rolls continually his head from side to side—moans—waves his hands in the air—raves, or is insensible—appears to be palsied on one side, and perhaps affected with convulsive twitches on the other ; and these symptoms continue uninterrupted, until they are arrested by the hand of death.

This disease is usually associated with the presence of tubercles in the brain, and therefore in many cases is quite incurable. Sometimes the active inflammation is set up by blows on the head or other injuries, by exposure to atmospheric vicissitudes, &c. ; but frequently it cannot be traced to any immediate cause.

#### *Treatment.*

The premonitory symptoms, varying as they do, must be treated by medicines chosen according to the individual indications ; as *Nux V.*, in cases of constipation, &c. ; *Chamomilla* for fretfulness, with relaxed state of bowels, &c. ; *Cina* for symptoms resembling those produced by worms, &c. But at the same time, in

alternation with these remedies, the antipsoric medicines, particularly Sulphur, should be regularly administered, with the object of eradicating the scrofulous taint, and causing absorption of the tubercles seated in the brain.

At this period also the tonic form of the hydropathic treatment is particularly valuable. Wash-down or pail douche twice a day; sitz bath once a day; abdominal compress; the drinking of several glasses of cold water per diem; bread and milk diet; *pure country air; freedom from school and all other kinds of mental taxation*; regular exercise: this is the plan of treatment which, if adopted early, would save hundreds of children, who, treated by calomel and drastic poisons, perish miserably.

The active inflammatory stage must be treated differently. Here we require Aconite, followed after a few doses by Belladonna, according to the following prescription.

Tinct. Acon. 3, drops iv., in a tumblerful of water; one teaspoonful every half hour.

After Belladonna, if little or no amendment appear, and the symptoms continue much the same, Tinct. Bryonia 3 may be given in the same way.

If Bryonia fail, or, according to Dr. Wahle, in all serious cases even at the outset, before all other remedies, Helleborus Niger should be given, followed by Tinct. Sulphur when the danger is not removed in a few hours. Dr. Rummel also speaks very highly of Sulphur in inflammatory and exudatory affections of the brain.

In the last and worst stages of the disease, Zincum gr. ss. every two hours, has been successfully employed by Dr. Elb.

The hydropathic treatment will be pretty much the same as that recommended for inflammation of the brain; viz. when decided high inflammation exists, wet-sheet packings, followed by tepid bath; or tepid bath with affusion of cold water over the head, and compress round head and neck. The later stages do not admit of hydropathic treatment.

#### WATER ON THE BRAIN.

A dropsical condition of the brain is sometimes present at birth; sometimes it comes on gradually, generally before the closure and junction of the bones of the skull. In these cases the head enlarges till it becomes disproportionately or even monstrously big, and at the same time the senses are affected; more or less of deafness or blindness beginning to appear, and the mental faculties degenerate sometimes into total idiotcy. Squinting, and more or less of paralysis, are frequent concomitants.

#### *Treatment.*

The homœopathic treatment will consist principally of the administration of antipsoric remedies (see page 31, *et seqq.*), and of those medicines whose property it is specifically to counteract a dropsical tendency. Dr. Wahle recommends in particular Helleborus, Arsenicum, and Sulphur.

The hydropathic treatment will be twofold. In cases where great delicacy and feebleness of system exist, it will be requisite to strengthen the patient as far as possible by tonic processes, gradually increased from the mildest to the most searching; but when this has been effected, then the radical treatment must come into play; and it will usually be necessary to bring on a crisis of some kind, before we can hope to effect anything like a real cure. The wet-sheet packing, blanket packing, tepid or cold shallow bath, compresses, and perhaps even the small douche, will mostly enter into the treatment.

In some cases bandaging of the head has been productive of benefit; but it is a method which must be used with caution, for if not beneficial it is decidedly hurtful. While the head is plainly enlarging, compression should never be employed; but when the disease is stationary, and the unconnected bones of the skull are loose and fluctuating, and the child is pale and languid, moderate and well-regulated support may be expected to do good. Mr. Barnard, who has related several cases of complete success from the employment of bandages in similar cases, is in the habit "of applying strips of adhesive plaster, about three quarters of an inch wide, completely round the head, from before backwards, covering the forehead from the eyebrows to the hair of the head, as low down on the sides as the ears will permit, and lapping over each other behind. The cross strips are carried from one side of the head to the other over the crown; and lastly, one long slip reaching from the forehead, within half an inch of the

root of the nose, over the vertex to the nape of the neck. The effects of this plan, in all this gentleman's cases, were these: a gradual diminution of the size of the head; mitigation and, ultimately, disappearance of all the head-symptoms, such as squinting, rolling of the eyes, starting of the muscles, and convulsions."

In extreme cases it has frequently been found necessary to tap the brain, and draw off the contained fluid. In a paper in the *Medical Gazette*, March, 1838, Dr. Conquest states that he had then tapped the heads of nineteen children, and in ten of the nineteen cases the patients survived.

*Case.* Miss —, aged about 5 years, had the premonitory symptoms, according to her medical attendants, of water on the brain. The head was large, and she suffered from heat in that region, and head-ache. There were more or less of feverishness, restlessness, and tossing at night, disturbed sleep, grinding of the teeth, loss of appetite, very variable spirits, and she had what is called a peaky or pinched appearance. The treatment adopted was wet-sheet packing for thirty minutes, followed by the shallow bath in the morning, and sitz bath for fifteen minutes mid-day and afternoon. This child perfectly recovered.

#### MENTAL FATIGUE.

When bad effects occur from sitting too long at lessons, as head-ache, &c., give *Nux Vomica*, one globule in a little water.

## CONVULSIONS, OR STRUGGLING FITS.

At the commencement of the seizure the child has a terrified aspect; its eyes are unsteady, or agitated, or spasmodically drawn upward, so that only the whites of the eyes are visible. Very shortly after the occurrence of one or more of the above symptoms, the child falls insensible, and begins to struggle. It tosses its arms and legs, clenches its hands, bending the thumbs tightly in upon the palms. The head is jerked violently backward, or on one side. The jaws are forcibly closed, and the lower jaw is moved from side to side, so as to produce grinding of the teeth. The countenance is said to *work*, that is to say, is distorted by spasm. The countenance is hot, turgid, and of a florid-red or violet hue; and froth issues from the sides of the mouth. Unless precaution be taken to prevent it, the tongue is frequently severely bitten. The violence of the attacks does not last long. In a few minutes, more or less, they subside entirely; the limbs become relaxed, the countenance pale and placid, and the child falls into a prolonged sleep, from which it awakes feeble and exhausted, but perfectly intelligent. In other cases, instead of subsiding after a few minutes, the convulsions continue at intervals for half-an-hour, or an hour, or even for many hours together.

*Predisposing Causes.*

The children of persons who have suffered from any form of nervous disease, and children who inherit a scro-

fulous temperament, are more subject to convulsions than others. Thus the offspring of the insane, the apoplectic, epileptic, and hysterical, and the progeny of phthisical parents, are peculiarly liable to the disease in question. Bouchat states that he knew a family of ten children, all of whom had convulsions during infancy; one of them married, and had ten children, nine of whom had convulsions, and six died. If a mother, when pregnant, receive an intense or long-continued mental shock, her child will very likely be attacked with convulsions.

Children whose birth has been attended with much difficulty or delay, or has been accomplished instrumentally, are said to have a predisposition to convulsions. The same is observed of those whose head is preternaturally large.

### *Exciting Causes.*

Convulsions have been divided by systematic authors into primary and sympathetic.

The exciting causes of primary convulsions have been traced to—

1. Intense emotion, whether of anger, shame, fright, or any other passion. Mr. North relates the case of a child thrown into fatal convulsions by the nurse threatening to throw him out of the window if he did not cease crying. I once had an epileptic patient, a person of middle age, who suffered frightfully, and who attributed her disease to the following cause: When she was a child, her aunt, for some little offence, stuck her up the chimney. This had such an effect upon

her, that, on being taken down, she fell instantly into convulsions, and became from that period epileptic.

2. Convulsions, according to Guersent and Blache, occur frequently in children confined in a hot and crowded apartment, such as a factory or theatre.

3. Severe cold is an occasional cause. Brachet asserts that a little girl, being exposed to intense cold for eight or ten minutes, was seized with difficulty of breathing, endangering suffocation. This was followed by convulsions.

4. At the period when it was the fashion to bandage new-born children with extreme tightness, convulsions were often induced; and it is certain that the mode which is now so prevalent among the lower classes of binding the chests of female children in tight corsets, by cramping the movements of respiration, prevents the due aëration of the blood, and generates a disposition to convulsions.

5. Mechanical injury to the head. A case is recorded of fatal convulsion, produced by a pin, which had accidentally entered the child's skull. A fall upon the head, violent boxing of the ears, injury to the spine, and similar mishaps, act in the same way.

6. Deleterious food. Thus children suckled by women whose milk has been disordered by disease, mental emotion, or other cause, are apt to suffer. M. Guersent mentions the case of a woman deserted by her husband, and, during her distress, her child was attacked by convulsions every time it was applied to the breast. Dr. Underwood knew a woman who suckled her child immediately after witnessing a sudden

death. The child was attacked by convulsions, and remained insensible thirty-six hours. "Numerous cases," says Dr. Churchill, "are on record, of convulsions supervening upon violent passion in the nurse. I have witnessed more than one case resulting from the mother suckling her child during a time of severe affliction and distress." In children more advanced in age, convulsions are frequently caused by improper and too stimulating food or drink. Among the poor we frequently find parents systematically teaching their little children to drink intoxicating fluids; and the most indigestible viands are their especial delicacies. I knew a man subject to epilepsy in whom an attack of convulsions was instantly brought on by two table-spoonsful of brandy, administered by a friend; and if alcohol can thus affect an adult man, how much more powerfully must it act on the delicate organism of childhood!

7. Drugs injudiciously exhibited to children of a tender age have destroyed thousands by exciting convulsions.

8. Teething, as every old woman knows, is a fertile source of the disease.

9. Worms in the intestines are a very frequent cause—so frequent, indeed, and so generally recognised, that it is needless to do more than mention it.

10. Suppressed eruptions are generally believed to lead, in many instances, to the development of convulsions. "Certain it is," says Dr. Churchill, "that an eruption of milk-rash in the head has been repeatedly found to cure the disease."

11. General excitement is a not uncommon cause. An infant has been taken from place to place—a great variety of new objects have been forced upon its attention—its mind has been put on the stretch—perhaps it has not been allowed its due proportion of sleep—or it may have been taken to the theatre, and have been surprised and awed by the glare and noise, and the great concourse of people. Under these and similar circumstances a sensitive child is very likely to be attacked by convulsions.

12. A frequent cause of convulsion is the sending of children to school at too early an age. Sympathetic convulsions are such as occur at the commencement, or during the progress, of any disease. They occur most frequently in the following disorders :—

I. Eruptive fevers, under which class may be included measles, scarlet fever, small pox, hooping cough, &c. The commencement of these diseases is frequently marked by a sudden sharp attack of convulsion.

II. Diseases of the lungs and heart, by interfering with the arterialisation of the blood, and causing the circulation of black poisonous blood through the brain and spinal cord, cause convulsions.

III. Convulsions are very frequently occasioned by loss of blood, profuse discharges of any kind, want of food, and every enfeebling agency. Symptomatic convulsions are such as indicate inflammation, or other disease of the brain or spinal marrow.

#### *Treatment.*

When a child is seized with convulsions it becomes

the duty of the medical attendant carefully to trace the causes which have led to the attack. If he can discover them, he will seek to remove them by means appropriate to the individual case. If mental excitement appear to have been connected with the malady, he will impress upon the parents the necessity of tranquillizing the child's disturbed emotion, by removing, if possible, the terrifying and irritating cause; and supply in its place gentle and continuous amusement. If the convulsions be attributable to imprisonment in a hot and unwholesome atmosphere, then of course the child must be removed to a purer locality. Tight corsets must be unlaced, and constricting bandages removed. Where the convulsions arise from the disordered milk of the nurse or mother, either another nurse must be procured or the child be weaned. In children of maturer age, the nature of the food must be carefully investigated, and immediately reduced to the simplest and least irritating form. If the child has been taking medicine previously to the attack, that medicine should be immediately discontinued. In all instances it is proper to inquire whether the child suffer from worms, and should such be the case, of course proper measures must be taken to expel them.

If convulsions occur from difficult teething, it may sometimes be right to lance the gums, and take care to allay excitement. Convulsions originating in premature tasking of the intellectual powers, can only be subdued by complete quiescence of those powers, so that the sufferer should be removed from school, and induced to discontinue reading, or any other pursuit which involves

intellectual action. Convulsions originating in other diseases cannot be successfully treated except by such measures as refer to their active cause. When the loss of blood by small but repeated bleeding, or profuse discharges of any kind, are at the root of the malady, the bleeding must be stopped or the discharge checked. In the case of convulsions suddenly developed upon the disappearance of an eruption on the head or face, measures should be taken to cause the eruption to reappear. If the convulsions are the result of inflammation within the head or spinal column, antiphlogistic treatment is indicated. Where severe cold or mechanical injury has produced the malady, it is, of course, only possible to guard against such occurrences in future, and treat the injury or injuries by appropriate local applications.

#### *Remedial Measures.*

The remedial measure indicated during the attack is the tepid bath. The child should be for 3 to 5 minutes immersed in water of the temperature of 80°. If the child be strong, water of the temperature of 60° F., may be poured occasionally from a small jug over the head, while he is in the bath. Recourse ought then to be had to medicine.

1. As a general treatment in the convulsions of teething, Cham. 30, glob. j., every four hours; and if this fail, Belladonna 30, glob. j., every three hours, particularly where there is determination of blood to the brain, as marked by heat of head, throbbing, flushed cheeks, &c.

2. If there be much fever, Aconite 30, glob. j., every two hours until the fever has subsided; when Cham. or Bell. may be given as above.

3. In convulsions arising from the presence of worms, Ignatia 30, glob. j., night and morning; if this fail, Cina. 30, glob. j., night and morning.

4. Convulsions from indigestible food are treated by Ipecac. 30, glob. j., especially if there be sickness at stomach. If this fail, Pulsatilla 30, glob. j., may be administered if there be tendency to relaxation of the bowels; or Nux V. 30, glob. j., if the bowels incline towards constipation.

5. In convulsions from fright, Opium 30, glob. j., should be given immediately.

The supervention of convulsions indicates delicacy of the nervous system, and a feeble state of health. Hence, as soon as the immediate danger is over, it is proper to strengthen and invigorate the patient, so as to obviate the peril of a recurrence of the malady, and to hasten convalescence. Both of these objects may be obtained by the hydropathic treatment. This treatment is best commenced by dipping the child in water of the temperature of 65° Fah. upon first taking him out of bed. This may be persevered in for a week; after which period the child may be dipped a second time in the day, viz. in the afternoon. After the lapse of a second week, cold water may be used instead of tepid. Afterwards, as the child improves in health and strength, other processes may be employed under the advice of an instructed hydropathic practitioner.

*Cases.* On the 28th of August, 1850, a little girl,

thirteen years of age, named Thirza Nicolls, was brought to me at Hockley Heath by her mother from Shipston, where she resides, for the purpose of obtaining my advice. The child had a pale, emaciated, scrofulous appearance, and was affected with fits. Nine weeks previously it had its first fit, which could not be traced to any particular cause. The fits have been getting gradually worse and worse. I saw the child on the Wednesday; on the preceding Monday, the fits had attacked her thrice; the first fit lasting one hour and five minutes, and the other two occupying each half an hour. On the previous Saturday she had lain an hour and a quarter in a fit, and on the Thursday preceding she had had a fit which lasted two hours. The fits come on in the following manner: Sometimes they are preceded by pain in the brow, immediately over the eyes; at other times, without any warning, she becomes giddy, and falls insensible to the ground, and her insensibility continues from half an hour to two hours; her eyes are closed, and her countenance assumes a livid aspect. During the period of insensibility convulsions come on at intervals; she may lie perfectly quiet for ten minutes, and then begin to struggle, throwing her arms and feet about, grinding her teeth, foaming at the mouth, and perhaps screaming loudly. After a short time the convulsion subsides, and the little patient, although still insensible, regains tranquillity. A brief time elapses, and the paroxysm bursts out with renewed violence, but soon exhausts its fury, as at first. The fit terminates by the usual critical evacuations, and the patient recovers smiling, and asks for water to drink.

The patient sleeps well, but her appetite is bad, and she complains of griping pains in the abdomen. Such was the condition of the child when I saw her on the 23rd of June. I ordered her to take the wet rubbing towel with appropriate exercise, thrice a day. A fortnight after she returned to Shipston; she had not had a single fit during her stay at Hockley Heath. From a pale, feeble, spiritless, and emaciated being, she was rapidly growing into a rosy-faced, plump child, full of life and spirits.

Mary Shaw, fifteen years of age, residing at Rowney Green, between Alvechurch and Beoley, came to me July 31st, 1850, and stated her case thus: Thirteen months since, she rode some distance backward, sitting on the back seat of a dog cart; she felt herself giddy, turned sick, and fell into a fit immediately upon alighting. Since that period she has been subject to fits, she had been treated by a physician in Birmingham, but without benefit. The fits commence with nausea, sleepiness, and snatching in various parts of the body; she then falls insensible and is convulsed; she does not bite her tongue, but sometimes injures herself by falling in dangerous positions. On one occasion she fell from the top of a flight of stairs to the bottom. The fits endure sometimes for three or four hours. She has them every day, more or less, passing frequently out of one fit into another. The alimentary canal is torpid. She complains of pain in the temples. The pulse is 96; her appetite good; has been better these last three weeks. Upon this I ordered her to eat brown bread instead of white; to take the wet rubbing

towel morning and afternoon, and a sitz of half an hour's duration at twelve o'clock. This treatment I prescribed July 31st, 1850. During the ensuing months of August and September I heard nothing of her, but on October 2nd she came to thank me for her cure. She stated that she had steadily pursued the plan recommended for a month, and had then discontinued it. She had only had one fit since she commenced the treatment, and that had occurred about three weeks before she saw me for the second time, and had lasted half an hour. She considered herself cured.

Anne Pinfield, fifteen years of age, living in the village of Tamworth, Warwickshire, asked my advice September 18th, 1850. Three months ago, when she was in the hay-field raking after the waggon, a storm came on, attended with thunder and lightning. She was exceedingly alarmed, and fell immediately into a fit. From that period she has had one or more fits every day. I can collect from her statement, and the statements of those with her, but a confused account of her condition. The fits commence with swimming in the head, and a peculiar affection of vision. It seems to her that everything around is dark or very light. She then falls insensible and struggles a great deal. It takes two or three persons to hold her. During the convulsion she screams, or hoots, as she calls it; does not foam at the mouth, but would bite her tongue did not the bystanders take the precaution of inserting pieces of leather between the teeth. There is at this time a staring expression of the eyes, and the countenance is red and swollen. The fit does not terminate in

sleep, but she comes to herself suddenly. I recommended this girl to take the wet rubbing towel morning and afternoon. September 24th she saw me again; she had followed up the treatment, and had only had two fits, lasting five minutes each, during the week. I recommended her to eat brown bread instead of white, and, in addition to her wet rubbing towels, to have a pail of water poured over her head every day at noon. October 2nd.—Had a fit yesterday which lasted nearly an hour; has had no other fit since last report. I recommended a wet-sheet packing for an hour, followed immediately by two pails of water over the person every day at noon, and a dripping sheet to be taken morning and afternoon.

Oct. 23rd.—Had one fit yesterday fortnight, being frightened while returning home in the dark, by a person who threw a stone at her from behind a hedge. Has had no other fit since October 2nd. Strength and general health much improved. Hence this girl, who had for three months been attacked by a fit every day, upon submitting to hydropathic treatment for five weeks, had during that time only four fits, one of which was produced by an act of wanton mischief. Since Oct. 23rd I have not seen her, probably because she is completely free from her malady.

#### CONVULSIVE JERKINGS OR TWITCHINGS.

Those muscles which are ordinarily under the dominion of the will sometimes become affected by an involuntary spasm, and the patient loses, partly or en-

tirely, command over them. Thus we frequently see nervous children affected with twitchings of the mouth or of the nose, with involuntary winking of the eyes, with jerking movements of the arms or other parts of the body: and these motions or tremors are aggravated when anything occurs to excite alarm, or otherwise unusually affect the nervous system, as the appearance of the child before strangers, &c. Parents are frequently apt to be severe with their children when they give way, as they think, to tricks of this description, or to upbraid them with shyness, awkwardness, and so forth: but this is a mistake, for the shaking, twitching, jerking, of which they complain, *is a true convulsion in a minor form*, and is to a great extent, if not wholly, beyond the control of the will. Harshness and threats aggravate the mischief, by weakening still further the child's power over the spasm. The only way to check tricks of this kind is to submit the patient to medical treatment.

The great remedy against these slight spasmodic movements, if recent, is Ignatia. It may be given in various potencies, according to the susceptibility of the child; I would recommend the 30th at the first dose. If this produce an aggravation, no more medicine should be given, until its effects have subsided; when the same medicine may be repeated in a lower potency, as the 12th or 6th. If no apparent effect be produced, its action will (according to Hahnemann) continue nevertheless for two or three days. He has known it last nine days. The dose should not be repeated, therefore, be-

fore the third day. Generally, if a few doses do not effect a cure, other medicines will be required.

In the next degree of this affection one or two of the limbs may be implicated. The arm or arm and leg of one side may be the seat of constant agitation. Perhaps the mouth may be spasmodically drawn, or the head spasmodically bent to one shoulder.

In such cases Aconite is an excellent remedy. Dr. Hempel relates that he cured two cases with this drug in a very short time. Dose, Aconite 30, glob. j. dissolved in water every morning. The repetition of the medicine must be governed by the effects produced.

Both forms of convulsive twitchings depend upon debility of the nervous system, and may therefore be treated advantageously with water, which is an admirable nervine tonic. In using this remedy great care must be taken not to startle, frighten, or shock the patient, particularly if he manifest fear of the remedy. It will therefore generally be advisable to commence very cautiously, and with tepid or even warm water, lowering the temperature gradually, as the patient becomes habituated to the process. At first the patient may be rubbed over the trunk with tepid water twice a day. By degrees he may advance to the wet rubbing towels, pail douche, or shallow bath.

*Case.* Miss —, a young lady about 16 years of age, was troubled with involuntary twitchings and jerking of the arms, particularly the right. At the age of 10 she had been cured hydropathically of St. Vitus' dance, after a long course of medicine had totally failed to re-

lieve her. She commenced treatment on Jan. 18, 1851, thus—

	Morning.	Mid-day.	Afternoon.
	Wet towel rubbing.	Shallow b. 1 m.	Sitz, 10 min.
Jan. 25.	As before.	Damp towel friction.	As before.
Feb. 1.	As before.	Shallow b. 1 m.	Wet towel rubbing.
— 8.	Shallow b. 1 m.	Hot air sweating; wet towel rubbing.	Pail douche.
— 15.	Shallow b. 1 m.	Pail douche.	Sitz, 15 min.
Mar. 22.	Left cured.		

When she commenced the hydropathic method, she weighed 7 st. 6 lb. 8 oz., and when she left she weighed 8 st. 3 lb. 8 oz., having gained 11 lb.

#### ST. VITUS' DANCE.

A child suffering from fully developed chorea presents an antic spectacle; almost every muscle is in a state of agitation, and this agitation is increased when any person takes notice of him. The chest and abdomen are thrust forward by contraction of the muscles of the back; one or both arms fly about or strike the chest continually, and cannot be restrained by the will. The head plunges towards one side, and the face is contorted into a succession of the oddest grimaces. The eyelids are winking, the lips writhing, and every feature assuming the absurdest expression. When, by any acci-

dent, the countenance falls into repose, it has a vacant, meaningless look, indicative of weakened intellect. Sometimes the lower extremities are affected; so that when the patient is set at the other end of the room, and requested to walk straight to you, every time he attempts to stand, he is thrown off his legs by some unaccountable spasm in those members, or he will zigzag across the room, and succeed in reaching the appointed spot only after many ineffectual endeavours. Sometimes he veers round, and, contrary to his inclination, returns whence he set out. If we desire to see his tongue, he jerks it out and in again, but is unable to hold it quietly protruded. He speaks also spasmodically, uttering a few syllables with great rapidity, and then coming to a sudden stop; or, he stutters and mumbles his words in a very characteristic manner: "Before a child, who has this disorder," says Sydenham, "can get a glass or a cup to wet his mouth, he useth abundance of odd gestures; for he does not bring it in a straight line thereto, but his hand being drawn sideways by the spasm, he moves it backwards and forwards, till at length the glass accidentally coming nearer his lips, he throws the liquor hastily into his mouth, and swallows it greedily, as if he meant to divert the spectators." This affection is usually unaccompanied by pain, fever, or general distress; but the bowels are in most cases constipated, the abdomen hard and swollen, and the appetite capricious and sometimes quite voracious. Children suffering from chorea are commonly capricious, fretful, irritable, and easily frightened; even slight contradiction will occasionally bring on a

paroxysm. In the majority of instances, where the disease is slight, the mind is unaffected ; but when it becomes chronic, it generally produces more or less impairment of intellect. The duration of the disease varies from a few weeks to months or even years.

*Causes.*

The female sex is more exposed to chorea than the male ; for out of 414 cases quoted by M. Dufosse and Mr. Stewart, 283 were girls and 131 boys. The age most exposed to chorea is from six to fifteen years. Children of a delicate conformation and nervous temperament are predisposed to the affection. The usual immediate or exciting cause of chorea is a sudden fright, or other powerful mental impression. Children affected with chorea are invariably pallid and bloodless ; at least, their blood, if not deficient in quantity, is always deteriorated in quality. It is pale, thin, and watery, and frequently impregnated with morbid matters, which more or less closely resemble the rheumatic poison. There is a deeply-seated derangement of the whole system. The spasmodic actions, which form the most striking feature of the complaint, are not, in fact, the most important ; and we ought not to rest satisfied with subduing this symptom. Our object should be to eliminate the poison from the blood, and to give tone and vigour to the economy. The muscular agitation in a child affected with chorea will generally pass away in a month or six weeks, under favourable circumstances ; but the state of constitution which disposed

the patient to the complaint will remain, and require active and long-continued treatment for its removal.

That peculiar nervous lymphatic state of the system which predisposes a child to attacks of chorea, is particularly engendered in the offspring of parents who have suffered from severe nervous disorders, as apoplexy, epilepsy, catelepsy, paralysis, violent hysteria, and prolonged mental anguish, &c. ; in the progeny of an aged father and young mother ; in children debilitated by previous diseases, especially when of a chronic character ; in the ill-fed children of the poor, and in those who pass a large proportion of their time in an unwholesome atmosphere or in heated factories, and are employed in sedentary depressing occupations. Now, it is obvious that a morbid condition, originated by such or similar causes, is not a superficial disorder which can be quickly or lightly cured. The spasmodic twitchings may, as before mentioned, cease after a judicious treatment of a month or six weeks ; but at the expiration of this time, the thin cherry-juice which circulated in the veins will not have been transmuted into rich pure blood, nor will the exciteable nerves have become proof against trivial shocks or slight causes of agitation. But until this has been effected, the child cannot be said to be cured, but will remain liable to renewed attacks of spasm, and to other diseases, as epilepsy, rheumatic inflammation of the heart or brain, hysteria, &c.

#### *Treatment.*

Upon the supervention of an attack of chorea, the

child should be removed into the country, or to the sea-side. His diet should be plentiful and nutritious, but unstimulating, consisting principally of brown bread and butter, milk, and plain boiled or roast meat. He should be treated with uniform kindness and gentleness, for severity would have the certain effect of aggravating the disease. He should be carefully guarded from surprise and from vehement or sudden emotion. He should go to bed soon, and get up early. During the day he should be constantly in the open air, occupied with some cheerful employment. He should be washed all over the body every morning with cold water ; or, if cold water disagree, with tepid water.

In many cases the cessation of the spasm may be expedited by a more liberal application of water, according to the strength of the patient. The wet towel rubbing, pail douche, and shallow bath are the processes most applicable. The temperature of the water must be regulated by the reactive powers of the patient. It will range between 54° F. and 80° F.

When the patient is unable to bear the shock of the pail douche, or the severity of the shallow bath, the wet rubbing towels should be exhibited, wetting the arms and legs first, and gradually approaching the trunk.

When the patient has been sufficiently hardened by the wet rubbing towels to bear the shock of the pail douche, this latter should be substituted for the wet rubbing towels. It produces a greater shock, and is followed by a better reaction.

When the patient is thoroughly habituated to the pail douche, and, from his improved strength, evidently ca-

pable of bearing the shallow bath, then the shallow bath may be given for one and afterwards for two minutes.

These remarks upon the wet rubbing towels, pail douche, and shallow bath, apply to water of every temperature.

The length of time during which any of these processes are continued must be regulated by the peculiarities of the individual patient.

At the commencement of the treatment, one bath every morning for a few days or a week will be sufficient, but afterwards two baths, rarely more, may be given until the spasmodic or convulsive actions have ceased.

The radical treatment, which is to be commenced upon the disappearance of the spasm, will demand all the resources of the hydropathic system, and can only properly be conducted within a hydropathic establishment. Packing sheets, the small douche, compound baths, the sitz, foot-baths, &c. will all be employed in their place and season.

Ignatia and Opium are useful remedies in recent cases of chorea produced by fright. Give Ign. 30 glob. j. dissolved in two teaspoonfuls of water; one teaspoonful every morning. If this fail, give Opium in the same way.

Redness and spasmodic distortion of the face, eyes, and body; at times, sardonic laughter; at others, violent weeping, anxiety, ludicrous gesticulations, and desire to hide oneself. Give Cuprum met. 30, glob. j. dissolved in a little water, night and morning, for three doses: then wait and watch its effects before repeating it.

Creeping sensation in limbs preceding for a long time the fits, accompanied by difficulty of motion and melancholy mood ; then violent spasmodic movements, almost always cross-wise, of the left arm and right foot : afterwards the head is attacked, or only the muscles of the lower jaw, lips, &c., or the patient rotates her arms and hands as if she would spin or weave. Give Stramonium 30, glob. j. in water night and morning for two or three doses, and watch the effects.

The patient throws the extremities about as if he did not know how to keep them in a proper position : after the paroxysm he lies quiet, with his eyes closed. During the intervals his movements are likewise very hasty : he seems exceedingly busy, talkative, shows a disposition to laugh at everything. Give Hyoscyamus 30, glob. j. in water every morning, or every other morning, according to symptoms.

#### HYSTERICIS.

A young woman attacked with hysterics may suffer merely from slight muscular spasms, or may be tossed about in violent convulsion, or the paroxysm may present any intermediate grade of intensity. The chief distinguishing marks between epileptic and hysteric convulsions are these,—in epilepsy the face is usually more or less frightfully distorted ; in hysterics the face is usually tranquil. In epilepsy the tongue is generally bitten ; in hysterics it is not bitten. In epilepsy the loss of consciousness is complete ; in hy-

sterics the patient is almost always at least partially conscious of what is going on. An epileptic paroxysm is usually followed by deep sleep; not so the hysteric paroxysm. When a young female is struggling in hysterics, of course her dress should be loosened, the windows should be thrown open, her forehead should be damped with a little cold water, and everybody except one person, or at most two, should leave the room. The person that remains to attend upon the patient should hold her tongue, take care that the patient does not injure herself in her struggles, administer a globule of Ignatia (if it be at hand), and wait patiently. It usually happens that when a female is attacked in the company of others, all lose their presence of mind, some run distractedly hither and thither, some pour forth piteous exclamations and keep appealing to the sufferer whether she does not feel a little better, others choke her with strong smelling-salts, or fly to remedies more absurd still. In the mean time the heat of the crowd, and the clatter and confusion, and the foolish remedies, cause the patient to get worse and worse, until some physician fortunately arriving, or experienced nurse, assumes a despotic authority, puts all the rest to rout, and restores quiet and order.

The disposition to hysterics is associated with weakness of the nervous system. Those who suffer badly from these attacks have usually a bad circulation; their hands and feet are cold, and they are subject to feel very chilly; their pulse is feeble. They require

generally a prolonged course of hydropathic treatment, combined with homœopathic remedies, given from time to time according to the varying symptoms.

*Peculiar Form of Hysteria.*

*Case.* This young lady came under treatment June 28, 1847, suffering from the following extraordinary affections. She had been confined to her bed in a perfectly helpless condition for a considerable period, during which all ordinary remedies had been exhausted. When I first visited her she was lying in bed, moaning perpetually, and with her eyes closed. On inquiry of her mother, I learned that the condition in which I then saw her was that which she maintained and had maintained for many months; that she never spoke, never unclosed her eyes, and never ceased to moan; that she could neither feed herself, nor wash herself, nor assist herself in any way whatever; that occasionally she burst out into loud screams, which were heard at the distance of several houses from the one in which they lived; that her whole family were frequently unable to get any sleep at night, and on that account occasionally did not even go to bed; that persons living near avoided the street, so distressing was it to hear her cries. To all my questions she returned no answer, nor could I induce her to put out her tongue or unclothe her eyes by anything I could say or do. In this condition it was impossible to remove her to my Establishment. We therefore commenced the treatment, as well as we could, at her own house—having her lifted by main force out of bed and placed in a shallow

bath, in which she was well rubbed once or twice a day and returned to bed. At the expiration of two or three weeks she unclosed her eyes, put out her tongue when requested, and began to feed herself occasionally, and was able to stand for a few minutes by the bedside. She was now removed to my Establishment, and placed under the following treatment :—

	Morning.	Mid-day.	Afternoon.
June 28.	Wet rubbing towels.	Sitz, 20 m.	Sitz, 20 m.
July 5.	Blanket sweating, pail douche.	Pail douche.	Pail douche.
— 12.	Pail douche.	Pail douche.	Pail douche.
— 19.	Wet sheet pack 40 m. Shallow bath 1 m.	As before.	As before.
Aug. 2.	As before.	Douche.	As before.
— 9.	Wet sheet pack 40 m. Dripping sheet.	Drip. sheet.	
— 16.	As before.	As before.	Dripping sheet.
— 23.	Blanket sweating and pail douche.	As before.	As before.
— 30.	As before.	As before.	Omit dr. sheet.

This treatment was continued a few days, after which she left the Establishment, perfectly restored to health.

*Affusion of cold water on the head in a case of insensibility.*

A stout and in other respects healthy maid-servant, of plethoric habit and florid countenance, while engaged in her work, suddenly became insensible. The pulse was rapid, but feeble. The head was not hot, but there was an unusual throbbing of the vessels of the neck. The eyes were open, and the pupils considerably dilated,

but not fixed. There was no distortion of countenance, and no convulsion of the limbs. She soon began to mutter to herself, and then to count aloud, and to spell over and over again the same words, and smiled repeatedly. She was put to bed, and in this state she lay about a quarter of an hour. She was then visited, and a gallon of cold water was ordered to be poured over her head. This was done, and had the effect of immediately restoring her to consciousness; but in a few minutes she fell asleep, and woke an hour or two after quite well. She resumed her work, and continued apparently well until five days after, when her head became, as she expressed it, "maythered," or confused, and, this increasing, she again lost consciousness. She remained insensible for an hour, in very much the same state as before, except that her eyes were closed, and she neither smiled nor spoke, but was perfectly tranquil. Her state only differed from an apoplectic fit in the absence of snoring, for her breathing was quiet. She was at length seen, and a head douche (affusion of cold water over the head) was again prescribed. The effect was immediate. She recovered consciousness, but almost immediately fell asleep, and slept for five hours, at the expiration of which time she awoke greatly better. In the above case it is probable that the loss of consciousness was not total, but that a glimmering of perception remained; the senses were greatly obscured, but not wholly extinguished. It is difficult to give a precise name to the affection, but this, after all, is not a matter of much importance; it was not apoplexy, nor epilepsy, nor hysterics, but more nearly

allied to the latter than to either of the two former, and is therefore more appropriately here than elsewhere.

#### FAINTING FITS

Are commonly connected with feeble action of the heart and bad circulation, and point to the necessity of a course of hydropathic and homœopathic treatment. In the fit usually little can be done. The same general rules advised under the head of "Hysterics" are also applicable here; but the medicine to be given is *Digitalis*.

#### CRICK IN THE NECK.

Dissolve one globule of *Aconite* in half a tumbler of water, and give one teaspoonful every four hours.

#### CRAMP.

For cramp in the calf of the leg, coming on at night, take one globule of *Veratrum* before going to bed. If this do not succeed, give *Sulphur* in the same way. For the stiffness and soreness which often remain after an attack, give *Colocynthis*, glob. j. night and morning.

#### NIGHT-MARE.

When attended with determination of blood to the head or chest, give one glob. of *Aconite* every morning, and one glob. of *Belladonna* every night, for a night or two.

When it arises from disturbance of the digestive system, *Nux Vomica*, and afterwards *Carbo Veg.* or *Pulsatilla*, will be useful. One globule in a little water on going to bed.

#### SLEEPLESSNESS.

*Coffea* is a good general remedy; but *Belladonna* is required, if there be congestion of the head; *Chamomilla*, if there be twitchings, diarrhœa, one cheek pale, the other red, &c. One globule in a little water on going to bed.

#### NERVOUS AGITATION IN SLEEP—TWITCHINGS— GRINDING OF THE TEETH.

*Ignatia* 30, one globule every morning, or *Chamomilla* in the same way.

#### STY ON THE EYELID.

Dissolve a globule of *Pulsatilla* in twelve teaspoonfuls of water, and take two teaspoonfuls night and morning. If the complaint frequently recur, give *Staphisagria*, one globule, every other morning for a fortnight. Against a hard lump left by the sty, give *Calcareæ*, one globule, in the morning four times a week.

#### STINGS OF BEES, WASPS, AND OTHER INSECTS, NETTLES, ETC.

First extract the sting, and then smear the part with a little olive oil. Give internally one globule of *Arnica*, and, if feverishness appear, one globule of *Aconite*

in half an hour. These medicines may be continued in alternation every half hour for 5 or 6 doses.

#### A COLD IN THE EYE.

The lining membrane of the eyelids, and, as the affection advances, the globe of the eye itself, is marked by a superficial bright scarlet redness, caused by a network of distended blood-vessels. The redness is irregularly disposed, and the blood-vessels ramify indifferently in all directions; and by moving the lids they can be made to shift their situation. There is pain or uneasiness, and the patient complains of a sensation of stiffness, or dryness and heat, and feels as if there were some foreign substance, as sand, in the eye. A slight discharge, at first of a thin mucous nature, but afterwards becoming thicker and more like matter, ensues, by which the eyelashes and lids are more or less glued together.

#### *Causes.*

This affection is usually caused by taking cold, and it frequently alternates with a similar affection of the nose or chest. If not properly attended to, it is apt to leave behind a chronic weakness of the eyes. It generally occurs in persons predisposed to something of the kind by a general derangement of the mucous membranes.

#### *Treatment.*

The patient should be sedulously kept away from the fire, and not allowed to enter an unduly warm

room; for dry heat is particularly pernicious in all affections of the eyes.

Belladonna, followed by Nux Vomica, and afterwards by Sulphur, are the chief remedies. They may be given as follows: Tinct. Bell. or Nux or Sulph. 6, ij. drops in a tumblerful of water; take one teaspoonful every three hours.

The great hydropathic remedies are the wet-sheet packing, blanket packing, tepid shallow bath, compresses to forehead and back of neck, bathing of the eye in tepid and afterwards in cold water. The object being to draw the blood from the eye to other parts of the body, the wet-sheet packing should be administered for not less than half an hour at a time (if the patient is sufficiently strong), followed by a tepid bath of one to two minutes; after this the patient should take considerable exercise in the cool air (not in the wind nor among draughts), and should frequently bathe his eyes, and wear a compress (constantly changed) over the forehead and neck. The same treatment may be repeated in the afternoon. After a day or two the blanket packing may be used, for the purpose of producing perspiration. In the case of children unable to stand, the wet-sheet packing and blanket packing, the tepid shallow, for one, two, or three minutes, twice or thrice a day, will be the best treatment.

#### PURULENT INFLAMMATION OF EYE.

This disease, commencing with the same symptoms as cold in the eye, speedily runs on to a very severe

and often frightful affection. The inflammation is greatly more intense: a copious discharge of thick yellow matter occurs, which flowing out from between the lids often excoriates the cheek. The membrane covering the ball of the eye is distended into a pale-red fleshy swelling; and the eyelids themselves are greatly swollen, have a livid red appearance, and, projecting forward in large red convex masses, completely hide the globe from sight. The inflammation of the eye frequently goes on to ulceration and sloughing, and in this case the contents of the eye escape through the opening, and the eye is irretrievably ruined.

Purulent inflammation of the eye is a common disease in hot countries, but in England it is rarely seen in an aggravated form. It is pretty frequent among recently born children, and is produced by the contact of gonorrhœal matter with the eye.

#### *Treatment.*

The most reliable treatment appears to be the injection of astringent lotions into the eye. Argent. Nitrat. drops ij. to iv. in oz. ij. of water. Drop into the eye a drop or two of this solution. This will be succeeded by some pain and smarting, followed by a cessation of pain for some hours, when, if the inflammation reappear, the same procedure must be repeated.

The same remedy, Argent. Nit. 30, two globules may be given internally three times a day.

The hydropathic treatment will be the same as that for catarrhal ophthalmia, but it should be more vigorously pursued.

## SCROFULOUS INFLAMMATION OF THE EYE.

Scrofulous children are very subject to a chronic affection of the eye, which may last for a long time in a mild form, or which may be very severe. It is marked by redness, which is sometimes confined to the inner margin of the lids, but which more frequently invades the eyeball in scattered points. A few enlarged vessels, collected into little bundles, are seen to pass from the angle of the eye towards the cornea, where they usually stop, and in this situation appear those small elevations of the membrane which are called pustules. These elevations (seated in the cornea) are sometimes absorbed, but generally they break and leave behind them either white opaque spots or little ulcers. There is also present more or less intolerance of light, and sometimes this is so great that the eyelids are spasmodically closed, the ordinary light of day causing extreme suffering.

*Treatment.*

Belladonna is indicated by an access of recent inflammation upon the chronic malady.

Arsenicum, when ulcers or specks exist upon the cornea, or when there is pain of a burning or neuralgic character.

Conium, when there is great intolerance of light.

Mercurius is indicated in most cases, but more particularly when the inflammation threatens the deeper structures, as the sclerotic or iris; also when pustules

and scabs collect round the eyes and at the margins of the eyelids.

*Viola Tricolor* is more especially useful in those cases where the discharge from the eyes excoriates the cheek, producing that species of eruption which is termed Milk Crust.

*Pulsatilla*, when the lids are chiefly affected.

Profuse watery discharge, *Pulsatilla*, *Bromium* (particularly from the right eye), *Euphorbium*, *Clematis*. These medicines should be given as recommended in the chapter on Homœopathic Treatment, page 28.

The hydropathic treatment is principally of a tonic character, and must vary in degree according to the strength of the patient. Local applications are not absolutely necessary, for I have seen many patients cured by treatment directed solely to the establishment of their general health; yet in many instances frequent washing of the eyes in cold spring water, or the use of the eye douche, and the application of compresses to the forehead, will facilitate recovery. Pail douches, rubbing sheets, shallow baths, with occasional employment of wet-sheet and blanket packing, will form the staple of the general treatment; *vide* "Tonic Treatment," page 41.

The patient's diet in many, perhaps the majority of instances should be vegetarian, and consist principally of bread and milk.

It is also necessary to expose the eye much and constantly to the open air, to abandon the use of shades and of all other false so-called protectors.

*Acute Scrofulous Inflammation of the Eye. (Reported  
by Dr. W. A. Johnson.) \**

*Case.* A young gentleman, about the age of 14 years, presented himself to undergo the water cure, on the 4th of August, 1849.

The following is the history of the case: He was a boy of decidedly scrofulous habit, of the *phlegmatic* variety, as was shown by the thick and muddy skin; dark and coarse hair; hazel eyes and dilated pupil; stunted growth; tumid upper lip and abdomen, &c. He had suffered from bad eyes for a considerable time; had been treated allopathically, without the least benefit or relief to his symptoms. He complained of great intolerance of light (severe pain caused on exposure of the eye to light), the lids spasmodically closed, and the head turned away obstinately from it, so as to avoid the source of annoyance. When the lids were opened, a profuse discharge of scalding tears escaped from the eyes and poured down the cheek. On examination, the eye exhibited an angry redness and great vascularity, with the formation of a quantity of little pustules on the surface of the conjunctiva (the external membrane of the eye), and specks, which were evidently the result of these; there were observed engorged vessels running from the circumference to the middle of the eye. He also was subject to sympathetic head-ache, &c. Was compelled always to

\* "Bedside Letters on Hydropathy."

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wear a large green shade that almost covered the whole face. The treatment ordered was this :

	WEIGHT.			BEFORE BREAKFAST BATH.	NOON BATH.	AFTERNOON BATH.
	st.	lb.	oz.			
Aug. 4.	5	9	4	Wash-down.	Head douche.	Head douche.
Aug. 11.	5	10	12	Wash-down.	Head douche, followed by wet friction.	Head douche.
Aug. 18.	5	11	0	Pail douche.	Vapour, followed by wash-down.	Head douche.
Aug. 25.	5	12	4	Pail douche.	Ditto.	Head douche.
Sept. 1.	5	13	4	Pail douche.	Ditto.	Head douche.
Sept. 8.	5	13	4	Pail douche.	Ditto.	Head douche.
Sept. 15.	6	1	0	Pail douche.	Ditto.	Head douche.
Sept. 22.	6	1	12	Pail douche.	Vapour and plunge.	Head douche.
Sept. 29.	6	0	12	Pail douche.	Plunge.	Head douche.
Oct. 6.	6	1	4	Pail douche.	Ditto.	Head douche.

He continued this treatment till he was completely restored to health, having been cured, not only of the diseased eyes, but also, apparently, the strumous diathesis, or constitution, which was the original cause of the inflammation. When he arrived, he weighed 5 st. 9 lbs. 4 oz., and when he left off the treatment, 6 st. 1 lb. 4 oz., making an increase of 6 lbs.

A poor lad, named Thomas Mills, living at the village of Tanworth, Warwickshire, put himself under hydro-pathic treatment. Phlegmatic scrofulous disposition : aged 14. He likewise suffered from inflammation of the eyes. He was accustomed to work in a blacksmith's shop. Some years since, whilst engaged in his duty, some red-hot pieces of iron, that flew off a shoe when undergoing the process of hammering, entered his eye, lodging between the ball and mucous membrane of the eyelid. From this painful mishap inflammation ensued. After the occurrence

he consulted a doctor (not the parish surgeon), who gave him a lotion, which for the time seemed to be productive of some benefit; nevertheless, since the accident at the forge, his eyes have always been very troublesome, till at length they were again attacked with an inflammation of a very severe character. He suffered very much in the same way as in the case detailed above, with this difference, that the eyes were much more intensely red and swollen, concomitant fever greater, sympathetic pains even still more distressing. When first seen, he had bandaged his eyes with a thick handkerchief, over which was placed a shade of enormous magnitude. The first thing ordered was the removal of the handkerchief. The other treatment recommended was the following: To rise at six in the morning; to get warm, by running for half an hour, lightly clothed, and minus the green shade; then to take a *wash-down* for one minute and a half; take exercise after it, till he became again warm. In the next place, to bathe the eyes with the coldest procurable spring water for ten minutes; then to use a cold spring-water *compress*, without external covering, for one hour. In the afternoon to employ exercise, wash-down, bathing, and *compress*, as before; and in the evening to apply the compress—to remain over the eyes all night. This was continued three days; on the fourth he was told to bathe the eyes very frequently during the day. On the sixth day the eyes were cured as regards the intolerance of light, pain, &c., nothing now remaining but a slight degree of congestion. And in about three days more, the boy touched

his hat and bade me farewell, rejoicing in as good and sound a pair of eyes as any could boast in the county of Warwick.

#### WEAK EYES.

Weakness of the eyes is marked by a peculiar pinkish or purplish hue of the eyelids, particularly about the margins, and slight turgescence of these parts. There is generally more or less redness of the inner surface of the lids, and sometimes in a less degree of the ball itself. Frequently the internal angle of the eye is conspicuously affected. There is more or less heat, uneasiness, or pain about the eyes; but the sight is not necessarily affected, although short-sightedness usually coëxists with this malady. The eyes are *weak*, that is to say, they cannot bear strong light, the heat of a fire or of a heated room, a foggy atmosphere, cold air blowing upon them, continued reading, or other exertion.

#### *Treatment.*

The chief homœopathic remedy is Nux V. After this, Pulsatilla, Arsenicum, Sulphur, according to their indications, and given as recommended in the chapter on Homœopathic Treatment, page 28. The patient's diet should be plain in the extreme. No stimulants should be allowed; in many cases no meat should be eaten; and sometimes it is necessary to forbid the use of coffee, tea, and all other warm fluids.

The local application of cold water, whether by wash-

ing, by the eye-douche, or other means, will usually be found highly beneficial. It is indispensable to expose the eye continually to the free and open air, and to shun heated rooms. Shades must be laid aside, and even wide, large bonnets. It is better to wear no bonnets, but protect the head from rain or sun by a parasol. The general treatment will be of a tonic character, gradually increased in amount as the strength of the individual is brought out.

#### INFLAMMATION OF THE NOSE.

When the inflammation results from cold, and when the orifice of the nose is swollen, red, and sore, give Belladonna 30, one globule in a teaspoonful of water night and morning.

When there is a watery running, with inflammation, give Mercurius Vivus in the same way.

#### BLEEDING FROM THE NOSE.

When this symptom follows a blow or other external injury, give Arnica 30, one globule every half hour. When it is produced by over-exertion in lifting, straining, &c., give Rhus Tox. in the same way.

Aconite is given against bleeding from being overheated, or from determination of blood to the head.

Bryonia, in bleeding at night.

Mercurius, when the bleeding occurs at night, *during sleep*, and coagulates immediately in the nostrils.

Cina, in children who are subject to worms, &c.

If the bleeding be very violent, and cannot be stopped otherwise, undress the child, put him into a bath, and pour a pail of cold water over him. This will almost certainly stop the hemorrhage instantly.

#### INFLAMMATION OF THE EAR.

When the ear is red, hot, swollen, and painful, dissolve Pulsatilla 30, one globule in six teaspoonfuls of water, and give one teaspoonful every hour. If this do not relieve, give Belladonna in the same way.

#### EAR-ACHE.

Give, in a general way, Pulsatilla as for inflammation. But if the pain comes in single stabs and is very dry, give Chamomilla. If the ear is moist, give Mercurius Vivus. If the pain is mostly on the right side, worse after midnight, toward morning, or in the forenoon, give Calcarea.

If the pain is in the left ear, worse before midnight or in the evening, give Sulphur. If the pain is worse when at rest, during the night, or attended with nausea, give Dulcamara. The medicines may be given as recommended in the chapter on Homœopathic Treatment.

#### SORES OR ERUPTIONS BEHIND THE EARS.

Give one globule of Graphites every morning for a fortnight. Afterwards, if necessary, Calcarea, and then Sulphur, in the same way.

## RUNNING FROM THE EARS.

After measles give Pulsatilla 30, one globule every morning for a week ; after scarlet fever, Belladonna in the same way. After small pox, particularly if the discharge is bloody, purulent, and offensive, give Mercurius Vivus ; but if the patient has already taken Mercurius, or Mercury, allopathically, give Hepar Sulph. Mercurius Vivus and Sulphur are the principal remedies, given one after the other or in alternation, in chronic, obstinate cases.

## HARDNESS OF HEARING

Is a common complaint in children whose mucous membranes are relaxed, who frequently take cold, and who have suffered severely from any of the ordinary eruptive fevers of infancy. Generally, it is requisite to restore the tone of the whole mucous tract by hydropathic treatment ; and if this be done, then the homœopathic remedies act better and more quickly in removing the deafness than when these remedies are employed alone. Pulsatilla, Mercurius, and Sulphur are the chief medicines. Apply the Hydropathic treatment as advised in chapter on this subject, article Tonic Treatment.

*Case.*

Miss —, between 6 and 7 years of age, had been deaf more or less for some years. The deafness depended upon engorgement of the tissues of the in-

ternal ear, or, in other words, upon relaxation of the mucous membranes of the ear, which relaxation had been produced by cold. She was constantly taking cold in her ears, eyes, nose, and throat, on which occasions her eyes became red, full of tears, and itched; her nose was usually stuffed, so that she could not breathe, except by the mouth; her throat frequently became relaxed and secreted a little sticky mucus, and she had cough. Whenever she took a fresh cold, her deafness increased.

Her tongue was foul, her belly swollen and hard, her general state bloated, flaccid, pale, and leuco-phlegmatic. She was ordered to take the wet rubbing towels in the morning before breakfast; at mid-day, the wet sheet packing 20 min., followed by pail douche and shallow bath 1 min.; in the afternoon the same process as at mid-day. This treatment was pursued for between two and three months with signal benefit. The child lost its bloated appearance and the hardness and swelling of the bowels; the liability to take cold was removed, the stuffing of the nose ceased, and the hearing was greatly improved.

#### TOOTH-ACHE.

Much injury is done by the indiscriminate extraction of teeth; particularly in the case of children, before the jaw has reached its full development. The removal of a tooth frequently causes the distortion, sometimes even of old teeth, but more generally of those that are at that period coming forward; so that

## THE TEETH.

### FIFTH NERVE.



Diagram of the fifth nerve, showing the connexions of the Dental (No. 6, 7, 8, 17,) with the other Branches, going to various parts of the face. By tracing these intercommunications of the nerves, we are able to understand the various sympathetic pains, so frequently manifested in Tooth-ache, and in Neuralgia, and in Rheumatic *Pains* between the teeth and neighbouring parts.—*After Sylvester.*

P.

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the row of teeth, instead of being even and regular, has an ugly and jagged appearance. Sometimes the space left by the extraction of a first tooth partially contracts; so that the new tooth, not finding sufficient room for it to assume its natural position, grows up edgewise and as it best can. Hence it is best to avoid the extraction of children's teeth, whenever it is possible; and by judicious hydropathic and homœopathic treatment this may usually be effected.

The hydropathic treatment is in its essence a recurrence to the natural mode of life, which our ancestors led before the introduction of the refinements and luxuries of a high state of civilization. That this mode of life conduced to the healthy preservation of the teeth is the unanimous testimony of all who have looked into the subject. At the present day all savages,—of course I do not include those who have learnt to drink brandy, and to adopt other pernicious inventions of civilization,—but with this exception, all savages have sound and beautiful teeth. This fact was observed by Capt. Cook, on his discovery of Otaheite; and it is recorded by antiquarians, that the skulls of our ancestors, the ancient Britons, exhibit, whenever they are dug up, a double array of perfectly bright, sound, and beautiful teeth: it is very rare indeed to find a single tooth in the head wanting. Now-a-days, on the contrary, it is very rare to find, in the great towns at least, a single mouth in which one or more rotten teeth are not conspicuous. This fact by itself speaks volumes in favour of the hydropathic mode of life. Hydropathy does not act specifically

on the teeth, nor will it cure a fit of tooth-ache; for this we must look to homœopathy. But it cures the disposition to tooth-ache; it prevents the recurrence of tooth-ache, by cleansing the stomach and bowels, and, in fact, the mucous membranes generally. It braces the nerves, and renders them less sensitive to cold and chills. Hence a child, if it were only to preserve it from decayed teeth, tooth-ache, inflamed and swollen gums, accumulation of tartar, foul tongue, bad breath, relaxed throat, enlarged tonsils, and other disorders of the mouth, ought to be brought up under the hydropathic regimen.

The principal remedies in the tooth-ache of children are, *Chamomilla*, *Nux Vomica*, *Mercurius Vivus*, *Aconite*, *Belladonna*, *Calcarea*, *Coffœa*.

*Chamomilla*.:—Pain in hollow teeth, after taking cold when in a perspiration. When the patient is irritable, and inclined to cry. When the pain is insupportable, and aggravated periodically. When it is worse during the night; when no particular tooth can be pointed out as the painful one. When the pain extends through the jaws to the ear. When the pain is mostly on one side, in the teeth, jaws, ears, and head. Drawing, tearing, or boring, and throbbing pain. The patient cannot bear the warmth of the bed, and the pain generally commences soon after meals, particularly after eating or drinking anything warm. When it grows much worse after drinking cold water. When, while the pain lasts, the cheek is red and hot, or the cheek and gums are swollen and of a light red colour. When the glands under the chin are painful

and swollen. Pain in the joint of the jaw, on opening the mouth, extending to the teeth.

*Nux Vomica* :—When a healthy tooth is painful, and feels loose. When the teeth seem too long, with jerking, shooting pains in the lower jaw. A drawing pain extending to the temple. Pain from a hollow tooth, affecting the whole face, and even the bones, or extending over the whole side. Drawing and burning pain in the nerve of a tooth, as if it were being wrenched out, accompanied by violent twitches. Pain commencing in bed or in the evening, preventing chewing, which grows worse, or returns, as soon as the mouth is opened in the cold air. When the tearing pains become worse by touching cold liquids, but better when kept warm. In general, the pains are aggravated by eating and exercise. When, along with the tearing pains, the glands of the lower jaw are painful; and particularly when a swelling appears on the gum, which is going to burst.

*Mercurius Vivus* :—When there are tearing pains in several teeth at once, adjoining the decayed ones. The pain affects the whole side of the face. Drawing and stinging pains extend to the ear. It is particularly troublesome during the night. Excruciating jumping pains in the teeth, especially at night, with stitches extending to the ear and head. Stinging pain in a decayed tooth, which is worse after eating or drinking anything cold or warm. The pain is generally increased by cold, and particularly by damp air; is less severe when in a warm place, or when the cheek is rubbed. The air is sometimes painful to the front teeth. Or

the tooth-ache is only felt during the day, and ceases during the night, and is followed by perspiration; and in the morning the same pains return again in fits, with longer or shorter intervals. The teeth are almost always loosened. The gums swell, or become white and ulcerated, are detached from the teeth, burn and ache when touched; or they begin to bleed, to itch, and to suppurate, with tearing through the roots of the teeth, or with painful swelling of the cheeks.

*Aconite* and *coffea* are useful when the pain is indescribable and almost drives the patient mad.

*Belladonna*:—When the pain causes great restlessness and running about; or when there is lowness of spirits and disposition to cry. When the teeth and jaws are painfully sensitive. When biting produces a feeling as if there were ulcers at the roots, with stinging, cutting, jerking, tearing pain. A drawing pain, which is worse after going to bed and during the night. Pricking pains in a hollow tooth day and night. Nothing relieves the pain but pricking the tooth until it bleeds. The gums are swelled with burning and stinging pains, discharge of much saliva, the cheek swelled, sometimes the eyes hot and the throat dry, with great thirst. Frequently the pain returns in the morning, on awaking; or recommences some time after dinner. The teeth ache when exposed to the open air, when touched in biting, when food or hot liquids come in contact with them. Pressing hard upon the cheek sometimes gives relief.

*Calcarea*:—Pains in hollow teeth, especially around loose stumps. Pressing, drawing, jerking soreness.

Drawing, pricking, rooting, gnawing, grubbing, throbbing pains, with swelled gums, which are sore, bleed easily, with throbbing and acute pains. It is most suitable when there is determination of blood toward the head, particularly during the night. When the pains are caused by taking cold, or are aggravated by cold or a draught of air. The patient can neither bear warm nor cold drinks; even noise makes it worse.

Of the medicine which is considered to be the most suitable, dissolve two globules in half a tumbler of tepid water; give one teaspoonful, and a second after twenty minutes. If no result follow, the medicine should be changed for another, which may be given in the same way. If the patient is unable to determine which is the right medicine, let him patiently try them all, and adhere to that which he finds to give relief.

In bad cases he may be obliged to call in a homœopathic practitioner.

#### GUM-BOIL.

Little inflamed painful swellings in the interior of the mouth. They usually come to a head before they disappear.

Give Mercurius Corr. 30, glob. j. in half a tumbler of water; one teaspoonful three times a day.

If there be much sympathetic irritation, give Aconite in the same way, in alternation.

## TONGUE.

1. White dry tongue in the morning, Nitric Acid 30, glob. j. in water in the morning.
2. Tongue coated white, and as if excoriated, Calc. Carb. 30, glob. j. in water night and morning.
3. Yellow brown mucus on tongue, Carb. Veg. 30, glob. j. night and morning.
4. Thick yellow coating at root of tongue, Kal. Bich. 30, glob. j. every morning.
5. Sore pain of the tongue, Sepia 30, glob. j. every morning.
6. Swollen tongue, Mercurius V. 30, glob. j. every morning in a little water.

## SALIVATION.

This affection is generally produced by the abuse of Mercury, and then it is for the most part accompanied with inflammation of the mouth and throat; but occasionally it occurs spontaneously, unattended with these latter symptoms.

Spontaneous salivation requires the use of Mercurius; but mercurial salivation demands the administration of Hepar Sulphuris, or Carbo Veg., or Acidum Nitricum.

Carbo V. is particularly indicated when the gums smell offensively and are apt to bleed; when the teeth are loose, the mouth hot, the tongue excoriated. Give one glob. of the medicine in a little water night and morning.

## INFLAMMATION OF THE MOUTH—CANKER OF THE MOUTH.

This affection consists in an unhealthy inflammation of the mouth, which has a tendency to run on to sloughing and gangrene. It is marked by fetor of the breath, heat, redness, and swelling of the interior of the mouth, particularly of the gums, which are generally very tender, spongy, disposed to bleed, retracted from the teeth, and ulcerated along the edges. The teeth are loose and loaded with sordes. There is salivation, and a viscid, bloody, almost purulent discharge occurs. As the affection progresses, a hard, livid lump (a sort of carbuncle) forms somewhere in the cheek or on the lips; and in a short time a slough forms in its centre, ulceration and gangrene occur at the margin, and gradually extending eat away sometimes half or more of the cheek, and in fact their progress is only checked by the death of the sufferer from exhaustion. Great debility and slow fever attend this disease.

*Causes.*

The causes of this disease are dosing with mercurials, and debility induced by low living, by residence in unwholesome localities, or other causes. It frequently occurs after hooping cough, measles, or other eruptive diseases. It is far more common among the poor than the rich.

*Treatment.*

It is important in this malady to take great care to prevent the powers of the patient from sinking. Hence it will be necessary at a comparatively early period to administer wine in small quantities and nutritious stimulating food.

Mercurius is the remedy for the early stage of the complaint, and will frequently suffice to effect a cure; but when it fails,

Carbo Veg., Arsenicum, and China are admirable medicines. Carbo V. is indicated when the gums smell most offensively and bleed; when the teeth are loose, the mouth hot, the tongue excoriated.

Arsenicum is indicated when there exists great prostration, and gangrene has commenced. China has pretty much the same indications.

When there is considerable sympathetic fever, the wet-sheet packing for short periods will be beneficial.

The medicines may be given in the following way. Dissolve one glob. of the 30th potency in six teaspoonsful of water, and give one teaspoonful for a dose.

Gargling the mouth frequently with cold water, and compresses assiduously applied to the throat, back of the neck, and forehead, should be adopted.

When the disease assumes a chronic form, sweating blankets, tepid shallow baths, &c., may be required.

The patient's diet is necessarily limited by his inability to swallow, but he may take anything that he likes

and can swallow, with the exception, of course, of things notoriously indigestible.

#### RELAXED THROAT—ULCERATED SORE THROAT.

Relaxation of the throat is characterized by irritation and uneasiness at the back of the throat, slight swelling of the tonsils, slight diffused redness of the fauces, and the secretion of a small quantity of viscid mucus. These symptoms are aggravated on going out into cold, damp air in the winter time, &c.; in fact, the patient appears to be perpetually taking cold. Ulcerated sore throat is a severer form of the same affection. The patient is subject every winter, or more frequently, to take cold, and then little ulcers appear on the fauces, which produce a good deal of annoyance while they last, but which ultimately get well.

#### *Causes.*

The cause of this complaint is a relaxed state of the mucous membranes and of the system generally. It is accompanied, for the most part, with derangement of the stomach and bowels, and more or less of nervous irritation. Persons who live sedentary lives, as literary men, painters, men who stick very close to business, and those who, while they are exposed to the vicissitudes of the weather, lead irregular lives, as cabmen and others, are frequently attacked.

#### *Treatment.*

It is very important, in the first place, to pay great

attention to diet, and live very plainly. Stimulants must be abandoned.

In the next place, individuals liable to the complaint should clothe themselves warmly. Many a person has been relieved of a chronic sore throat by casing himself in flannel for the winter. Wearing a beard, moustaches, and full whiskers, affords great protection, and has been very properly recommended to persons employed on railways, and others engaged in similar occupations.

*Nux Vomica*, *Mercurius Cor.*, *Sepia*, *Baryta m.*, and *Graphites*, are the principal homœopathic remedies; the two latter particularly, when sore throat results from every exposure to cold, and is prone to terminate in suppuration.

*Nux V.* is useful in correcting the gastric derangement which usually coexists, particularly when the sore throat has been set up or aggravated by drinking.

*Mercurius* is especially useful against the ulcerated state of the throat.

Take the medicines as recommended, page 28.

The hydropathic treatment is chiefly of a tonic nature, and is exceedingly efficacious in curing the malady by removing the general debility upon which it depends. See page 41.

The local applications are: Bathing of the neck, back and front, with cold water frequently during the day; and compresses round the neck.

## ENLARGED TONSILS,

When of a chronic character, is difficult to cure, and requires often a long time. Alumina, Graphites, and Nitric Acid may be tried. Dissolve a globule of the medicine in a tumbler of water, and take a teaspoonful three mornings successively. Then wait four mornings. If no alteration is visible, try another medicine in the same way. But if either improvement or increase of the symptoms occur, wait until this effect has subsided, and then repeat the medicine in the same way. If an acute attack supervene, it must be treated with Belladonna or Mercurius, or both, as in Quinsy.

Enlargement of the tonsils is usually a symptom of general derangement of the mucous membrane, which requires a treatment directed to the restoration of the general health.

## ACUTE INFLAMMATION OF THE LARYNX.

This disease comes on in the following manner. There is soreness and redness of the back of the throat, and a degree of restlessness and anxiety about the patient disproportionate to the apparent affection; but soon there arise difficulty of swallowing, and difficulty of respiration, which is accomplished in a peculiar manner. It is attended with a throttling noise, and the act of inspiring is protracted and wheezing, as though the air was drawn in through a dry, narrow reed. The patient suffers distress at the region of the cartilages of the

throat; and if he coughs, the cough has a peculiarly harsh, reedy, husky sound. The voice is either quite hoarse, or reduced to a faint whisper. The face is flushed, and there is general fever. As the disease progresses, the patient's distress increases. His countenance becomes pale or livid, anxious, and ghastly; his eyes protrude; he is excessively restless, impatient for relief, and makes signs that he wants air, and begs that the windows may be opened. This disease runs a rapid course, and when it proves fatal, death usually occurs before the fifth day. It has sometimes destroyed the patient in less than twelve hours.

The great cause of this disease is exposure to cold and wet; but sometimes it comes on in the sequel of erysipelas of the head and face, inflammation of the throat, &c.

#### *Treatment.*

Aconite should be given in the first place, to relieve the general fever; and afterwards Spongia, followed by Hepar Sulphuris. Aconite may be given as follows:

Tinct. Aconite 3, drops iv. in a tumblerful of water; one teaspoonful every quarter of an hour.

Spongia may be given thus:

Tinct. Spongia 3, drops iv. in a tumblerful of water; a teaspoonful every quarter of an hour. Hepar Sulphuris, and, after this remedy, should it fail to relieve, Lachesis can be administered in the same way.

To reduce the fever, tepid shallow baths, with effusion of cold water about the neck, may be employed.

If all these measures fail, and the patient appears

on the point of death, it will be right to make an opening in the throat, and so give the patient a last chance of recovery.

#### CHRONIC INFLAMMATION OF THE LARYNX.

Chronic inflammation of the larynx is generally a concomitant of consumption or syphilis, but sometimes it occurs as an independent affection. There is more or less pain in the neighbourhood of the larynx, pain and difficulty in swallowing, hoarseness, or inability to speak, except in a whisper, some trouble in respiration, occasional cough. These symptoms are easily aggravated by exposure to cold and damp, and by much exercise of the voice.

#### *Treatment.*

When it occurs in connexion with consumption, constitutional remedies are indicated in the first place; but afterwards, or in alternation, Hepar Sulphuris, Spongia, Lachesis, Iodium, &c.

Formula:—Tinct. Spongia 3, drops iv. in a tumblerful of water; a teaspoonful three times a day.

The hydropathic treatment will consist of tonic measures, for the sake of recruiting the system; and the application of compresses to the throat, washing of the throat frequently with cold water, walking out in the air with the throat uncovered, and gargling the throat internally with cold water.

When the affection is of a syphilitic origin, Mercurius C. is the main remedy.

The local hydropathic applications should be the same in this as in the consumptive form of the disease. But constitutionally the treatment must be more vigorous, and great reliance must be placed upon wet-sheet packing, blanket packing, &c. *Vide* Critical Treatment, page 43.

Ordinary inflammation of the larynx requires the same homœopathic remedies as consumptive, and the same local hydropathic measures; but the general water treatment must be more vigorous than in the case of consumption, and less so than in the case of syphilis. The rubbing sheet, pail douche, shallow bath, &c., will form the staple of the treatment.

#### CROUP.

Croup is frequently preceded by the symptoms of a common cold. The child sneezes, coughs, and is hoarse; he is besides feverish, irritable, and does not sleep well. In the course of a day or two the characteristic signs come on. The breathing is difficult, and the inspiration assumes a remarkable and distinctive sonorous or crowing tone, while the expiration is of a ringing character. The voice is altered or lost. There is a peculiar metallic cough. There is no difficulty of swallowing, but there is considerable inflammatory fever. But as the malady progresses, the blood ceasing to be duly arterialized, the skin grows dusky, the pulse feeble, the extremities cold. The cough, losing its loud tone, becomes husky and almost inaudible; the head is thrown back; the nostrils, in

perpetual motion, dilate widely; the face is pale and livid; the pupils expanded. Soon afterwards the bottoms of the feet turn hard and black; drowsiness supervenes; tossing of the arms is noticed; the breathing becomes gasping and interrupted, and the child dies. This disease terminates fatally, sometimes within twenty-four, and often within forty-eight hours; but it may continue for five or six days, whether death or recovery be the result. Dr. Craigie affirms that it is never protracted beyond the eleventh day. It is said that, treated on the old system, the number of deaths and recoveries is nearly equal.

#### *Causes.*

Croup is a disease of children, and more cases occur during the second year than in any other. Dr. Cheyne states that the younger children are when weaned, the more liable they are to this malady.

Cold and damp, low and moist habitations, districts near the sea-shore or in the neighbourhood of large bodies of water, towns on the banks of a river (particularly after an inundation, and among the children of washerwomen), are the favourite haunts of croup. It prevails in winter and spring.

#### *Treatment.*

In the catarrhal stage, before the distinctive symptoms of croup have set in, the chief remedies are Bryonia, Chamomilla, Nux, &c., according to the special indications; but when the disease is fully developed, the remedies are Hepar Sulphuris and Spongia,

Aconite being given in alternation with one or the other of these remedies, to reduce the fever.

Formula:—Tinct. Hepar Sulph. or Spongia 3, six drops in a tumblerful of water; take one teaspoonful every half-hour.

Tinct. Aconite 3, four drops in a tumblerful of water; take one teaspoonful every half-hour.

In the catarrhal stage, the principal hydropathic treatment will consist of the wet-sheet packing, exhibited twice, or in some cases three times, in the day, until the patient is warm, followed by a tepid bath for a few minutes. The throat and chest should be frequently, during the day, and assiduously rubbed with wet hands, and a wet compress should be worn round the throat, and changed as often as warm. These measures will not unfrequently arrest the further development of the disease.

But when the disease is fully formed, very energetic measures must be pursued. The pith of the treatment will be rubbing sheets and wet friction of the throat and chest, compresses to the throat and chest, or—and perhaps preferably—free exposure of the throat and chest in the open air.

Four cases of croup, treated successfully at Gräfenberg, are related by Captain Claridge, from whom I quote the following as examples of the proper style of treatment:—"A child seven years old, subject all his life to severe attacks of croup, on being seized with one at Gräfenberg, was treated as follows: Rubbed between the shoulders and on the chest for some minutes with wet hands: then lifted out of bed,

and well rubbed all over, especially on the legs, in a very wet sheet from five to eight minutes.

"A wet handkerchief was then put on as a shawl, and a bandage round the waist, when the patient was allowed to return to bed for ten minutes; after which the same treatment was repeated. This induced sleep, and he awoke free from all signs of croup.

"At twelve o'clock there was a relapse, when the rubbing was renewed, and bandage applied to the waist.

"At five o'clock in the afternoon tepid bath, 64°, for some minutes, and patient slept all night in bandage and wet shawl. The treatment was renewed on the second day." The child recovered.

#### GOÏTRE—DERBYSHIRE NECK.

This term is applied to the enlarged thyroid gland. It usually appears in the first instance as a soft, elastic swelling, neither painful nor inflamed, situated below the larynx, and extending to the right or left or both sides. It generally becomes irregularly lobulated, more or less hard, and rises occasionally very high in the neck, beside the windpipe, impeding swallowing and respiration, and interfering with the return of blood from the head. The cause of this affection is not accurately ascertained.

#### *Treatment.*

Compresses to the tumour, and the internal administration of Iodum in the low dilutions, form the chief

measures against this complaint. Sometimes I have seen the tumour greatly diminish under a course of wet-sheet packing. It is a tedious affection.

#### QUINSY—INFLAMMATION OF THE THROAT.

The child becomes husky or hoarse in voice, and complains of a sense of roughness in the throat, which is shortly changed into soreness and pain, especially in attempting to swallow. Upon examining the throat internally, it is found to be of a bright red colour, swollen, and sometimes covered with more or less of thick, sticky mucus. The tonsils or almonds are also enlarged, and, it may be, covered with patches of white creamy matter. The extent of swelling varies with the intensity of the attack. There is also pain darting from the throat to the ear, and occasionally difficulty of respiration and nausea are present. The patient usually experiences more or less of fever, marked by the ordinary signs of thirst, heat of skin, quick pulse, &c. The attack lasts generally from one day to ten days or a fortnight, when it terminates in one of these ways:

I. The fever subsides, the inflammation passes away, and the swelling is reduced—in short, the patient gets quickly well.

II. The acute symptoms subside, but there remain more or less enlargement and chronic irritation of the tonsils.

III. The case may terminate in suppuration, when the inflammation and pain appear to subside; but

the swelling and difficulty of swallowing remain, until the abscess in the tonsil either bursts or is opened by the surgeon.

*Treatment.*

If the fever run very high, and the child be of a pretty robust constitution—not weakened by previous disease—he may be packed in the wet sheet, from the shoulders to the knees, for ten or twenty minutes, and be afterwards briskly rubbed with a towel, dipped in water of the temperature of 60° F. This process, if it prove beneficial, may be repeated, should the pulse get up again, and the heat of the skin reappear after two hours. It may even be repeated a third time in the day in some cases.

The throat should be frequently well gargled with the coldest water procurable.

A compress should be worn round the neck. The compress should be wetted many times in the day; and at each application the throat should be well rubbed with the hand, dipped in cold water.

In some cases it will be useful to pour over the neck, out of a large vessel, a stream of cold or tepid water, according to circumstances.

In cases where it is not advisable to adopt the wet-sheet packing, inflammation must be subdued by Aconite. Give, under the circumstances, Aconite 30, glob. iii. in half a tumbler of water. Give one teaspoonful every half-hour, until a gentle perspiration appears upon the skin, or the pulse becomes lowered.

When the fever is somewhat subdued, whether by the wet-sheet packing or the Aconite, give immediately the specific remedy, viz. Belladonna 30, glob. j. in a little water every two hours.

If these remedies do not arrest the course of the disease, Arsenicum, Hepar Sulphuris, &c., must be resorted to under the direction of an experienced practitioner.

After the subsidence of the disease, a short tonic course of hydropathy will be of essential service in expediting convalescence, and repairing the injury done to the system. In most cases the plunge bath immediately upon rising from bed, and again three hours after dinner, will be good treatment, and may be pursued for a week. Afterwards, the shallow bath or pail douche may be substituted for the second bath, according to the age of the child, and other circumstances.

### *Case.*

“ Moorfields House, Handsworth, Birmingham,  
August 2nd, 1856.

“ MY DEAR DOCTOR JOHNSON,

Knowing your kind interest in former patients, I think you would like to hear a proof of my continued practice of hydropathical measures in the following instance:—In June I returned from a journey, and found my second daughter, aged fifteen, suffering from a feverish attack which came on the previous day; symptoms were as follows:—great heaviness and dulness, severe head-ache, ulceration of the throat,

tongue white and foul, pulse 100, and weakness excessive. I gave her the following treatment: sponged the entire body with cold water, and put fresh clean linen upon her person and bed; made the room as cool as possible; rubbed the outside of her throat with my hand, dipped in cold water, till the skin was quite red; gave her a gargle of sage vinegar and water, with a little sugar. Sleep restless and heavy, but her pulse fell during the night to 82. The next morning she was sponged in the same way, throat rubbed and gargled frequently. At noon the pulse rose rapidly to 108. I packed her in a wet sheet, with plenty of blankets upon her, for twenty minutes; rubbed her dry, put on fresh clothes, and no further treatment, except wet rubbings of the throat: remained in bed very lightly covered. Towards night a gentle perspiration became visible, and the worst symptoms were subdued. Fourth day, able to swallow food, strong broth, lemonade, and puddings. From this she steadily improved, left her bed for the sofa, and the day week of the attack went with me to Litchfield by train, only feeling weak; no relapse took place.

“I am, my dear Doctor Johnson,

Yours very sincerely,

LOUIS T. DAVIES.”

#### MUMPS.

The local signs are pain and stiffness about the jaw; difficulty in opening the mouth. These are soon succeeded by a swelling below the ear, which advances

beneath the lower jaw, and partly encroaches upon the face. This swelling, which consists of the enlarged parotid gland, varying greatly in extent in individual cases, is firm, hard, shining, and hot. In mild cases, after a few days the swelling, and with the swelling the fever, subside, and the patient regains his ordinary health; but in bad cases the swelling increases to a suprising extent, the child finds it almost impossible to open its mouth, or to swallow food; the fever runs very high, delirium sets in, and the patient is in a perilous condition.

#### *Causes.*

The causes of mumps are generally supposed to be cold and damp, as well as epidemic or local influences.

#### *Treatment.*

If the fever be intense, and the pulse rapid, and the heat of skin very great, packing in the wet sheet, from the shoulders to the knees, for from ten to twenty minutes or half an hour, twice a day, followed by a rubbing with towels dipped in water of the temperature of 60° F., is indicated.

In ordinary cases, the application of the wet compress, changed three times a day—or more frequently if the local heat be considerable—and the administration of *Mercurius Cor.* 30, glob. j. twice a day, will be sufficient.

If there be fever, and the application of the wet-sheet packing be deemed injudicious, give *Aconite* 30, glob. j. every hour, until the fever subsides.

The swelling of the gland, and pain attendant upon moving the jaws, prevent the patient from taking solid food. It is not necessary, however, that the patient should live low; and, as soon as he can move his jaws without suffering, he may resume his ordinary diet.

#### FALSE THRUSH.

By this term is signified the appearance upon the tongue or interior of the mouth of small spots or patches of a whitish matter, which are generally, at first, mistaken for the curd of milk, especially if the child have recently sucked; but this matter adheres to the subjacent membrane, from which, however, it may be stript. The surface intervening between the patches and beneath the secretion is drier, more vascular, and of a deeper or brighter red than natural. There is an uneasy condition of the mouth; the child is thirsty, but finds it painful to suck; in some cases drinking is rendered quite impossible. The skin is hot and dry, but the pulse is in general not remarkably quickened.

#### *Causes.*

The predisposing cause is the extreme tenderness of the alimentary canal during infancy; and the exciting causes are—

Bad food.

Insufficient clothing or exposure to cold.

Impure air.

Inflammation or other disease of the alimentary canal, or of the digestive organs.

*Treatment.*

If there be much irritability and feverishness, give Aconite 30, glob. j. every hour, until this condition be abated. Under the above circumstances the wet sheet pack is also indicated for 20—30 m., followed by rubbing with towel dipped in tepid water. The application may be repeated if necessary.

Afterwards give four doses of Mercurius Cor. 30, glob. j. every three hours, followed by Acid. Nitricum 30, glob. j. every three hours, if necessary.

The child's mouth may be rinsed with a little honey-water. Or a piece of honey may be laid on the tongue, or applied to the inside of the cheeks.

## THRUSH.

A child, apparently in good health, manifests a dislike to be fed, crying and resisting during the operation; at the same time it positively refuses to suck. On inspecting the mouth we find more or fewer small whitish or pearl-coloured vesicles upon the tongue, lips, or the interior surface of the mouth and throat: some of these may have proceeded to form small ulcers, or white crusts. The mouth is hot, and the lips often swollen, and the saliva dribbles from the angles of the mouth. The breath is frequently offensive, and the bowels disordered. In mild cases there is no fever, nor general disorder; but when the white spots are very numerous and run into each other, and extend to the back of the throat, and are symptomatic of some serious disease, then the constitution suffers considerably.

*Causes.*

Pallid delicate children are predisposed to this complaint, as, indeed, to all others ; but the exciting causes are stated to be bad air, bad food, and neglect of cleanliness. It prevails extensively in foundling hospitals, and frequently attacks spoon-fed infants. But the most common cause of thrush is an inflammatory or otherwise diseased condition of the alimentary canal, manifested by diarrhœa, vomiting, &c. It may appear also in the course of almost any debilitating disease.

*Treatment.*

If there be fever, give Aconite 30, glob. j. every hour until the fever subsides, or pack in a damp towel for 10, 20, or 30 m., and afterwards rub over with a towel dipped in tepid water. Repeat the process until the fever is subdued.

After the Aconite—or at once if there be no fever—give four doses of Mercurius Cor. 30, glob. j. every three hours, followed by Acid. Nitricum 30, glob. j. every three hours for four doses, if necessary.

If there be derangement of the stomach manifested by flatulence, vomiting, &c., accompanied by constipation, give Nux Vomica 30, glob. j. every two hours. If the stomach derangement be accompanied by diarrhœa, give Pulsatilla 30, glob. j. every hour.

If the prostration of strength and emaciation be extreme, give Arsenicum 30, glob. j. every half hour, alternately with China 30, glob. j. every half hour.

## COLD IN THE HEAD—FEVERISH COLD

Generally commences thus. The nostrils are dry, stuffed up, not by mucus, but by swelling of the lining membrane, so that the patient is unable to breathe through them. The membrane is red, tender, and irritable. The contact of atmospheric air provokes sneezing. The sense of smell is impaired. When the affection extends to the mucous cavities behind the forehead, there is head-ache and oppression. When the eye is implicated, we see redness and swelling, and the tears flow over the cheek. There is sometimes chilliness or shivering; and the pulse, especially towards evening, becomes a little more frequent than common. There is slight fever. Presently the nostrils pour out a thin watery fluid, which reddens and excoriates the edges of the nose and upper lip. This is the first stage. In the second stage the fluid poured out becomes thicker and less irritating,—more viscid, opaque, and yellow,—and at the same time gradually diminishes in quantity. All the other symptoms abate in intensity until they disappear altogether. Temporary deafness is a frequent attendant on cold in the head.

*Causes.*

The predisposing causes are general debility, and particularly chronic disorder of the mucous membranes. The exciting cause is exposure to cold more than commonly severe, or transition from a warm to a cold, or from a cold to a warm, atmosphere.

*Treatment.*

If there be much feverishness, we may pack for 15 or 20 minutes, and afterwards wash the surface of the body with water of the temperature of 60° F., or give a pail douche of two pails. This should be done at that period of the day when the greatest amount of oppression comes on. In tolerably strong children it may be repeated twice a day. The head and eyes and nose may be covered with compresses, when any of these parts are affected. As the affection declines, the temperature of the water may be lowered, and a shallow bath, or rubbing wet sheet, administered instead of the packing, &c. When there is not much fever, and the child is strong, we may wrap him in the blanket packing, and cause him to perspire freely, and afterwards give a pail douche followed by shallow bath. The abdominal compress may be worn.

When there is much fever, with inflammation of the nose and eyes, and head-ache, Belladonna should be given.

Mercurius Vivus is the principal remedy in epidemic catarrh.

Hepar Sulphuris when the catarrh is renewed by every breath of wind; or when the catarrh affects only one nostril; and head-ache is increased by every motion.

Arsenicum when there is not much fever, but great debility; the burning and soreness of the nose are excessive.

Pulsatilla is adapted to the second stage, when the

secretion has become more bland, but the sense of smell remains impaired.

Dissolve one globule of the 30th potency of the medicine selected, in a tumblerful of water, and give one teaspoonful twice a day.

#### COLD IN THE CHEST

Very commonly begins with a cold in the head, and as the head gets better the throat and chest are attacked. You have roughness, and dryness, and tightness of the throat, hoarseness of voice, and a dry cough. Then come on tightness and oppression of the chest, more or less of wheezing and uncomfatableness of breathing, pain in the muscles of the chest. There is fever, and the stomach and bowels may be affected, as shown by constipation or diarrhoea, loss of appetite, foul tongue, &c. After a longer or shorter period the cough becomes loose, and gradually the symptoms vanish.

#### *Causes.*

The same as those which produce cold in the head.

#### *Treatment.*

A compress should be put upon the throat and chest, and changed pretty frequently.

If there be much fever and restlessness, the packing may be used, as in cold in the head. Otherwise give only tepid ablutions, once or twice a day. As improvement takes place, lower the temperature of the water.

Belladonna is adapted to the early stage, when there

is feverishness and much local discomfort, particularly when there is inflammatory redness of the throat.

*Mercurius Vivus* in epidemic chest-catarrhs may be very generally given with advantage.

*Nux Vomica* in a slight cough lasting the whole day, with pain in the pit of the throat, worse in the evening, but better during the night. Or when at the same time the breathing is oppressed during the night, with a feeling of weight upon the chest, and the patient has a heated and parched mouth. It is also given for a dry, exhausting cough, worse during the night, with trifling expectoration in the morning.

*Hyoscyamus* for a dry cough, worse at night, and preventing sleep. For dry cough, worse when lying down, with tickling in the wind-pipe. For spasmodic cough. For a rattling in the throat from mucus.

*Ipecacuanha* for spasmodic, suffocating cough, attended with great distress; there is difficulty of respiration, the face becomes purple, the limbs rigid. Walking in the cold air excites the cough.

*Belladonna* for a cough attended with a trifling discharge of mucus mixed with blood, with stitches in the chest and on the left side, under the ribs. For cough attended with tearing pains in the chest; or with short, quick, difficult breathing.

*Carbo Veg.* for spasmodic cough, coming on several times during the day or evening, attended with retching and vomiting, heat, and breaking out of perspiration. Soreness of the chest. White, grey, or yellow expectoration. Coughing up of blood, with burning pains in the chest.

Cina for a hoarse, hacking cough every evening; particularly for children who have worms, or at the same time running catarrh, with a burning sensation in the nose, and violent sneezing, which makes them cry.

Euphrasia for a cough with a bad catarrh, which also affects the eyes.

Pulsatilla for cough with expectoration of mucus, which is easily discharged; or which is sometimes streaked with blood. For cough in the morning, with much yellow, salt, bitter, disgusting expectoration; which is sometimes accompanied by retching.

Bryonia when a dry cough comes on after eating, and is so bad as to cause vomiting. For a cough which comes on in a warm room. For a cough with bad stitches in the side, and afterwards a trifling expectoration of blood. For cough with yellowish expectoration. When every fit of coughing is felt in the head. For a cough accompanied with shooting pains in the head, throat, and chest.

Arsenicum for cough with scanty, tough expectoration, with difficult respiration. For cough after drinking. For fatiguing, dry cough every evening. For cough with oppression of the chest when going up stairs, and in the cold air.

Staphisagria for cough with expectoration of yellow mucus like pus, particularly at night, with pains as if caused by ulceration under the breast-bone.

Phosphoric Acid for cough with expectoration, great hoarseness. For cough dry in the evening, in the morning attended with white or yellow discharge.

Silicea for *tedious cough*, either dry, with pain and

soreness of the chest, or with expectoration of much phlegm, transparent lumps, or yellow pus. For cough with pressure on the chest. For tedious cough so convulsive as to cause pain in the throat and abdomen.

Sulphur for tedious, dry cough, from tickling in the throat. For cough with contraction of the chest and retching. For single stitches in the chest or under the ribs on the right side, as if the chest were about to burst when coughing and sneezing. For tightness and fulness of the breast, difficulty of breathing, whistling and rattling in the chest, palpitation of the heart. And when the patient is obliged to sit up during the night.

Calcareæ for cough with copious expectoration, particularly during the day, lumpy, purulent, yellow, greenish brown, so offensive as to cause vomiting.

Dissolve one globule of the appropriate medicine in a tumblerful of water, and give one teaspoonful night and morning.

#### *Case.*

Miss N——, aged nine years, was taken in the first week of September, 1856, with cough, expectoration, loss of appetite, hot dry skin, rapid pulse, confined bowels, and great prostration of strength. Has been subject to attacks of this nature from time to time, since she had the whooping cough about a year since. Was ordered to envelope the whole chest, back and front, in the wet jacket, to be worn night and day. During the first week was sponged night and morning with water of the temp. of 70°. After this period she

took the pail douche, of one pail, twice and sometimes three times a day, temp. 70° F., and returned home quite well at the end of three weeks.

#### ACUTE BRONCHITIS.

The symptoms of acute bronchitis are those of a very bad cold in the chest. There is fever; severe, frequent, and distressing cough; difficulty of respiration; tightness and oppression of the chest; in the second stage there is scanty, sticky, and frothy expectoration; the respiration (in severe cases) is so laborious that the patient is prevented from sleeping, and can only breathe in the sitting position; the countenance is full of anguish, and pale or livid; and a wheezing sound is heard over the chest. When the disease terminates favourably, the expectoration becomes less transparent, and greenish or yellowish lumps begin to appear in it, and all the other symptoms gradually diminish. When this does not occur, death is caused by exhaustion or suffocation.

#### *Treatment.*

The water-treatment exerts usually a very rapidly controlling power over the disease, when it is pure and uncomplicated with pneumonia, &c. The patient should be packed in a well wrung-out damp sheet for 20 to 30 minutes, and afterwards either rubbed over the body with damp or wet towels, or, if there be more strength of constitution, rubbed for a minute in the shallow bath. The temperature of the water should vary from 70° F. or 65° F. to 60° F. After the bath,

the chest compress should be put on and worn constantly. The packing ought to be repeated twice or thrice in the day, as the fever renders necessary. As the affection subsides, the packing may be discontinued, and the wet towel rubbing, rubbing sheet, or shallow bath employed instead.

Aconite is indicated in the first and inflammatory stage, particularly if the water cure be not resorted to.

Belladonna is useful when there is severe head-ache, aggravated by coughing; *oppression of the chest*; and tightness, as if bound, with rattling of mucus; short, anxious, and rapid respiration. Dry, fatiguing cough, especially *at night*, and thirst.

Nux Vomica:—Difficult breathing, with *excessive tightness of the chest*, particularly at night. Hoarseness. Dry cough, worse towards morning, attended with a sensation as from a blow, a bruise in the pit of the stomach or under the ribs. Cough with difficult expectoration of viscid mucus.

Bryonia:—Difficult and anxious respiration, with constant inclination to take a deep inspiration. Hoarseness. Cough dry or attended with a sensation of burning; or cough with expectoration of viscid mucus, sometimes tinged with blood. *Dryness of the mouth and lips*, excessive thirst.

Pulsatilla:—Respiration short, quick, and difficult, with rattling of mucus, heat in the chest, and anxiety. Shaking cough, worse towards evening, at night, or in the morning, with considerable expectoration of tenacious or thick yellowish mucus, which is sometimes mixed with blood.

Ipecacuanha:—In the advanced stage, when the

child becomes almost suffocated in the paroxysms of the cough.

Tartarus Emet., when the small tubes of the lungs are so clogged with mucus as to threaten suffocation.

Arsenicum, when the prostration is extreme.

#### *Case.*

The child of a gentleman's coachman, aged 2½ years, was attacked with bronchitis and treated allopathically for two weeks, during which period the child became progressively worse. There was high fever, indicated by a constantly accelerated pulse and dry, hot skin; there was constipation, loss of appetite, furred white tongue, thirst, debility, constant cough by day and by night, producing vomiting and preventing sleep; emaciation; and the chest, as examined by the ear, was full of mucus. Medicine was discontinued, and the child's chest was enveloped in a wet or rather damp jacket. This was worn day and night, and was re-damped when it became dry. This application caused an immediate improvement in the little patient's symptoms; and before it had worn the jacket more than a few days there came out all over the chest a very copious pustular eruption, extremely like small-pox. Simultaneously the internal inflammation subsided, and in little more than a week the child was quite well. No other remedy or application but the wet jacket was used.

#### INFLAMMATION OF THE LUNGS, OR PNEUMONIA.

Heats and chills, pain in the side, constraint in breathing, and dry cough usually mark the first stage.

In the second stage expectoration appears, at first of an ordinary character, but afterwards it assumes a *rusty* colour from a small quantity of blood being intimately mixed with it. The cough, difficulty of breathing, and feverishness increase from the gradual consolidation of the lung. The patient can only lie on his back. It is unnecessary to speak here of the physical signs of pneumonia, as every medical man is or ought to be familiar with them, and non-medical persons would not understand what it meant. The third stage is either one of recovery, in which the symptoms by degrees disappear; or of sinking, in which they become greatly aggravated, and the patient dies.

#### *Causes.*

The predisposing causes are all those that impair the vital stamina: the exciting cause is usually exposure to cold and damp.

#### *Treatment.*

I long hesitated whether to include this disease in the present work or not; for parents cannot be qualified to treat so important a disease as this; and physicians have far better resources to guide them than this essay can pretend to afford. And yet I think it better to include the disease, that parents may know something of the methods employed in its treatment, and be enabled rationally to coöperate with their medical adviser.

The hydropathic treatment of pneumonia, in its

acute form, should be quiet and gentle. The burning, pungent heat, peculiar to inflammation of the lungs, should be abated by some form of tepid ablution ; but the temperature of the body must not be too far lowered, nor the extremities allowed to get cold. A very good practice is to rub the heated parts of the back and chest with the hand, continually dipped into cold water. *This process abstracts heat in very small doses,* and we are thus enabled to abstract as much as we wish, and no more ; while if we put a patient into the shallow bath, for example, we are apt to take away some that we might wish replaced. A good, large compress wrapped round the chest is also serviceable.

The packing should be used cautiously. Robust children, particularly if habituated to the water-treatment, do well under it ; but it should not be prescribed to those who are constitutionally delicate.

Aconite and Phosphorus are the great remedies. With these two medicines Dr. Fleischmann of Vienna wrought those numerous cures which have shamed so many out of their prejudiced opposition to homœopathy. Aconite is to be given at the commencement ; and Phosphorus, alone or in alternation with Aconite or Belladonna, when the characteristic signs of pneumonia set in.

In the very bad forms, when sinking is threatened, Arsenicum is resorted to.

*Case.—Reported by Dr. W. Alfred Johnson.*

One cold frosty morning, after a severe and heavy fall of snow, with which the ground was covered to a

considerable extent, S—— S——, a poor working lad residing in Worcestershire, left his mother's cottage for the discharge of his daily duty as a baker's errand boy. Passing heedlessly along the way, he fell into a ditch, which, being filled with snow to the depth of several feet, completely buried him up to the chin. In this plight he ineffectually struggled to release himself. Timely assistance, however, arriving, he was at length extricated from his perilous position, but not until he had become thoroughly cold and chilled to the bone. He continued his work nevertheless till evening, when he went home. The next morning he found himself decidedly unwell, but went as usual to his duty. Chancing to arrive a little later than was his custom, his master upbraided him with his want of punctuality, and as a punishment sent him to his work without allowing him to partake of any breakfast. The poor boy as well as he was able, being ill and fasting, commenced his business, and painfully exerted himself till two o'clock in the afternoon, when, finding himself thoroughly incapacitated and unequal to the task, he left his work, and slowly toiled his way homewards. Having regained his mother's roof, he was at once put to bed. The medical gentleman of the village was called in. He prescribed some ordinary medicine for the lad, which did not the least good, for the boy became worse. He *blistered* him on both sides of the chest, and he *leeches* him on both sides of the chest—both of which measures proved equally unavailing—and the youth still continued to grow worse. He was put upon low diet. Having submitted to this

orthodox treatment for more than *seven weeks*, and the patient daily becoming weaker and more weak, his pains and sufferings still steadily increasing, the mother naturally grew exceedingly alarmed for the life of her child.

The patient himself participated in her anxiety, for one night, suffering more intensely than usual, he exclaimed: 'Mother, if you do not send for another doctor I am sure I shall die before the morning.' Upon this his mother determined to abandon the drug treatment, and as a last resource to give hydropathy a trial. She did so.

Immediately before the hydropathic measures were commenced, the patient was suffering from the following symptoms of pleuro-pneumonia, or inflammation of the lungs, and their investing membrane, the pleura: a sharp, acute, stabbing pain, very much increased on respiration, which compelled him to employ a kind of short constrained breathing. This pain was situated under the left breast. There was the *pleuritic râle*: small crepitation, bronchial breathing and voice, &c.; in fact, the stethoscopic indications showed it to be a case of inflammation of the lungs. Percussion was dull, respiration difficult, the pulse small, weak, and thready; fever; hot, pungent skin; coated tongue, much thirst, great head-ache, and delirium; with this there were also extreme emaciation, no sleep at night, and excessive debility; so much so, that the patient could not in the least support himself when he attempted to sit up in bed to be examined; and even when supported entirely by others, the pain was excruciating.

The following treatment was adopted. The chest

was rubbed gently, so as not to increase the pain, with the hand, it previously having been dipped into cold water: this was continued for a few seconds, when the hand, now become warm from the heat of the chest, was again cooled by dipping in cold water and the friction resumed. This process of alternately wetting the hand and gently rubbing the chest was kept up for half an hour. Immediately after the friction a cold water compress was applied upon and all over the anterior and posterior surfaces of the chest. This compress remained upon the chest for two hours, when the friction was again renewed, after which the compress was again worn for two hours. The friction and compress were both repeated a third time, so that the friction was employed for one hour and half, and the boy wore the compress for six hours during the first night of the hydropathic treatment.

After these applications he slept for a short time, and awoke much refreshed. A full solid diet was recommended. The same treatment was persevered in during the whole of the next day. The patient passed a most excellent night, and was on the following morning a changed boy. He could now, still with difficulty, sit up in bed: his face was calm and placid; his thoughts collected and rational; and he declared himself to be in but very little pain. The pungent heat of skin was, to an important extent, removed; the fever greatly reduced; the auscultatory symptoms much decreased in severity: the patient was out of danger, on the high road to convalescence. He had eaten a mutton chop on the preceding day.

The boy was now packed, not in the sheet, for that was not conveniently to be obtained, but a substitute was found in the shape of towels, three being placed end-wise one to the other: this was employed for ten minutes, *three times a day*.

The following (third) morning the treatment was continued. On the fourth day the patient was in a most promising state, the lungs having nearly entirely lost their inflammation, the patient hungry, and lustily calling out for more food. There being still present a remnant of the chest affection, the treatment was continued also that day.

On the fifth day, the mother stated that her boy was *up and well*.

#### PLEURISY

Considerably resembles in external symptoms pneumonia, but is readily distinguished from it by a physical examination of the chest. There is feverishness, frequently preceded by chills or shivering, stabbing or darting pain in the chest, the pleuritic *stitch*, as it is called, difficult breathing, dry cough. In most cases this is an easily managed affection; but where it has been mistreated, and the patient's strength has been lowered by bleeding, mercury, &c., or where the patient is of a scrofulous or delicate constitution, the inflammation is apt to terminate in the pouring out of a more or less thick watery or purulent fluid into the cavity of the chest. This effusion, if not reabsorbed by appropriate treatment, squeezes, by its pressure,

the air out of the lung on the side where the effusion exists, and so destroys its efficiency as an organ of respiration.

*Causes.*

Exposure to cold and wet, mechanical injury, or a scrofulous habit of body.

*Treatment.*

The hydropathic treatment should be regulated as to its intensity by the strength and age of the patient. Robust persons will be benefited by more active, delicate persons by gentler measures. Pleurisy does not bear packing so well as bronchitis; but it bears it better than pneumonia. Generally speaking, it will be better to employ tepid water, 60° F., 65° F., or 70° F. Friction of the chest with wet hands is the mildest measure that can be employed; after this put on compresses partial or complete. In some cases wet or damp towel friction of the whole body once or twice a day, with or without the aid of compresses to the chest; in other cases packing once or more frequently in the day, when the patient is robust and the fever high, may be employed with advantage. It will not often be found advisable to use the shallow bath.

Aconite is used against the early febrile stage; and when the fever is subdued by this remedy, Belladonna or Bryonia, in the doses recommended page 28.

When the water-treatment is followed, Bryonia may generally be the first medicine employed.

After the Bryonia, and in order to prevent effusion,

Sulphur 30, glob. j. in a little water, should be administered.

#### HOOPING COUGH

Generally commences as follows. The child appears to have caught cold. It is more or less feverish. It has hoarseness of voice, stuffing of the nose, and sneezing, succeeded by a mucous running and cough. In the generality of cases the symptoms are tolerably mild, but occasionally they assume a more severe character. At the expiration of twelve or fourteen days all these symptoms are ameliorated; but the cough continues, undergoing, however, a remarkable modification, and becoming much more severe. It consists now in a series of violent expirations, succeeded by a forcible, long-drawn, difficult inspiration, giving rise to a loud ringing sound, denominated the hoop. During the long paroxysm of coughing, or *kink*, as it is sometimes called, the face and neck of the child become swollen and livid; the eyes are protruded and filled with tears; and the patient is apparently on the verge of suffocation. At length one or two inspirations are effected, and the danger passes away. The second stage of the disease lasts generally six weeks or two months, but often three, four, or six months. In those cases in which whooping cough proves fatal, death may occur from suffocation during a fit of coughing; or the child may die worn out and exhausted by the severity of the paroxysm; or the disease may, by producing debility, lay the foundation for

other diseases, such as rickets or consumption, which may ultimately destroy life.

*Treatment of first Stage.*

When there is much fever present, and the child is of a robust constitution, and not debilitated by previous suffering, he may be packed in a damp cloth (the chest, abdomen, and thighs only included, or, in some cases, only the chest, or only the abdomen and thighs) for half an hour. If this proceeding have a beneficial effect, it may be repeated the next day; or once or more frequently on the same day, if the fever return. After the packing, the body should be rubbed over with a towel dipped in water, temperature 65° F., or lower if the child be tolerably strong. If the administration of this bath be difficult, it will be well to sponge the body with tepid water, taking care that the patient *remain covered* during the whole period of the operation. A compress may be applied over the chest.

When none of these appliances can be carried out, or if the fever run very high, then it will be proper to administer Aconite 30, glob. j. every hour until the fever is subdued. Upon this Belladonna 30, glob. j. may be administered every four hours, until the second stage is developed, or a new indication arises.

For hoarseness, attended with a watery flow from, and soreness of, the nostrils, dry cough, night sweats, give Mercurius Corr. 30, glob. j. night and morning.

For hoarse dry cough, worse at night, succeeded by a fit of crying, give Hepar Sulphuris 30, glob. j. night and morning.

For dry hoarse cough, or cough with difficult expectoration of tenacious phlegm, followed by soreness of the part. Or for thirst, evening fever, exacerbation of cough at night, even during sleep. Peevishness. Acidity. For diarrhœa, give Chamomilla 30, glob. j. every three hours.

For loose cough, attended with flow of tears, and weakness of the eyes. For loose cough, attended with sneezing, or thick nasal discharge. For slight hoarseness. For nausea after coughing. For deranged digestion. For diarrhœa, give Pulsatilla 30, glob. j. every six hours.

For dry cough, attended by vomiting, the paroxysms being so violent as to induce danger of suffocation, give Nux Vomica 30, glob. j. every two hours.

When the fits are accompanied by spasmodic stiffness of the body, and blueness of the face, great anxiety, and accumulation of phlegm in the chest, give Ipecacuanha 30, glob. j. every two hours.

When the above remedies fail, or the disease sets in as true whooping cough, becoming worse towards night, and accompanied by pains in the chest, redness of the throat, and pain in swallowing—or when excessive flatulence or cutaneous eruptions exist—Carbo Veg. 30, glob. j., and a similar dose after four hours, may be given.

### *Second Stage.*

When the second stage is duly developed, give Drosera 30, glob. j. night and morning.

When the child is much reduced in strength,

emaciated, affected by cold sweats, with involuntary emission of urine, vomiting, and spasms, give *Veratrum* 30, glob. j. every four hours.

For convulsions, or insensibility, consequent upon each paroxysm of coughing, give *Cuprum Acet.* 30, glob. j. every two hours.

The violence of the convulsive stage may often be lessened by the application of mustard poultices, or some stimulating liniment to the spine. Hot mustard foot-baths for five minutes, twice or thrice a day repeated, have sometimes the same effect. Electricity to the spine may occasionally be employed.

Simultaneously with the use of the above remedies, a tonic water-treatment may be followed with the best advantage. It will be especially serviceable if the child be debarred from change of air. It will be well to begin, according to the strength of the child, with the wet rubbing towels morning and afternoon, with water of the temperature of 70° F., gradually reduced to 60° F. After about a week of this treatment, the pail douche of two pails may be substituted first for one, and afterwards for both baths. After a fortnight of the pail douche, in average cases, a dripping sheet for one minute may be given in the middle of the day, in addition to the two pail douches. After a fortnight, the shallow bath for one minute may be substituted for the dripping sheet in the middle of the day.

This treatment may be continued for a month.

•  
PREDISPOSITION TO CONSUMPTION.

As soon as ever there is reason to fear from the supervention of cough, shortness of breathing, spitting of blood, loss of strength, &c., that a child is threatened with consumption, he should without loss of time be sent to a Hydropathic Establishment, in order there to undergo a sufficiently long tonic and depurative treatment. He will also require homœopathic remedies, and very probably in addition gentle gymnastic training. With respect to the hydropathic treatment, the measures adopted should be adapted to the strength of the patient. If he be very feeble, he will need gentle and even the gentlest treatment; if he be pretty strong in general health, corresponding processes must be employed. The temperament of the water will vary from 80° to 60° or 54° F.; the medium temperature will be most generally useful. Damp towel frictions in very delicate cases may be employed twice a day; afterwards wet towel rubbing; afterwards pail douche or shallow bath. The half-packing will be useful if there be much fever, quickness of pulse, flushings, &c., for 15 or 20 min., followed by wet friction, temperature of water 65° F., once a day, or twice or thrice a week, according to circumstances. The chest compress will often agree, but if the patient be too chilly to react upon it, it must not be used. The abdominal compress if there be constipation or diarrhœa or belly-ache, if the patient has sufficient heat to warm it; otherwise not. The cough may be alleviated by sipping cold water. •

The homœopathic remedies must vary according to the symptoms present. Mercurius Corr. will be a good remedy, generally speaking, if the disease be somewhat advanced. Calcareo or Kali Carb. will frequently be indicated in the earlier stages; Aconite and Belladonna in the presence of feverishness; Phosphorus if there be threatening of *inflammation* of the lungs; or Bryonia if the cough be attended with pleuritic stitches in the side. Many other remedies will also be required in their due place. Cod liver oil in emaciation, if the stomach will bear it, and if it do not interfere with the appetite; for unfortunately it not unfrequently has this effect. Consumptive patients should be particularly careful not to take long walks, nor over-fatigue themselves in any way. They ought also to be very attentive to their diet, to take full rest and repose during the day, and cultivate a long night's sleep. In the matter of climate, most early cases do best in a dry and bracing air; but some, particularly when the case is advanced, do better in a warm, and a few even in a humid air. But no rules can be laid down of universal applicability; the peculiarity of each constitution must be consulted. The specific treatment by homœopathic remedies, the tonic and antiphlogistic regimen of hydropathy, and the mechanical action of the Kinesipathic movements, may all be combined, in most cases, at one and the same time, to the patient's advantage.

*Cases.—Confirmed Consumption.*

This young lady was nineteen years of age, and came from a northern county to put herself under my

care on the 3rd of May, 1851. Her height was five feet and a half, and she weighed nine stone four. Her constitution was scrofulous, as indicated by the light hair, blue colour of the eyes, and deeply flushed countenance. She related to me the following tale: She had always been delicate, but suffered from no important illness till a little more than three years ago, when a gland in the neck swelled, gathered, was opened, and healed up; but it gathered again in the spring, and was never permanently healed, and is now open, and presents an unhealthy aspect. A month after the original swelling of the gland, she ruptured a blood-vessel, and during the same day and ensuing night spat up as much as three pints of blood; she took certain pills, and the bleeding ceased. During the following winter she spat blood frequently, but not more than a few mouthfuls at a time. The bleeding has not recurred since. During the three years' illness, marked principally by debility and great nervousness, which followed the bleeding, she has had slight cough in the winter, but has been free from cough in the summer, and has been affected the whole time with inflamed and ulcerating glands about the neck. Her present condition is as follows:—The neck and right cheek are disfigured by several indolent, scrofulous sores, and there is a painful swelling, of the size of a hen's egg, near the internal extremity of the right collar-bone. She is affected with cough, but the cough is not severe when she sits quiet. It is, however, very troublesome at night, and is accompanied by scanty expectoration of that particular kind which is

almost characteristic of consumption. She has considerable difficulty of breathing, and is much troubled with palpitation of the heart. Her pulse is 120 in a minute. Examination of the chest by the stethoscope indicated the existence of an ulcer on the top of the left lung. She is affected in the afternoon by hectic fever, which comes on about one or two o'clock, when she has to retire to bed and lie down till nearly four. She then rises, washes, takes a little walk, returns to her tea, and feels better. She sleeps pretty well, but rises unrefreshed and weary. Her stomach is quite out of order. After a meal, and sometimes independently of eating, a considerable quantity of a cold watery fluid rises into the mouth. She suffers from abdominal torpor. She has, and has had, such a loathing of animal food, that she has not eaten a morsel of meat for two or three months. She turns sick at the sight of it. Her appetite is very poor, so that even of vegetable food she takes but little. She states also that she is exceedingly prone to fall at any hour of the day into a kind of reverie or waking dream. While in this state, into which she lapses suddenly, any friend who may happen to be with her is astonished to hear her commence and keep up a kind of conversation, in which the replies, inaudible to other ears than her own, seem to proceed from some absent acquaintance, whom her feverish imagination has brought bodily before the mind's eye. To these hallucinations she has been long subject. However, the most remarkable feature in the case is the extreme debility, or, I should say, prostration of strength, into which she has fallen. Feelings

of despondency predominate; and these have been aggravated by the declaration of her medical attendant that he had done for her what man could do, and that her case was hopeless. Her languor is such that she passes nearly the whole day upon the sofa, and although her lodgings are situated scarcely three minutes' walk from the Institution, yet she is compelled to be taken thither in a bath chair. Such was the condition of this poor patient when she commenced hydropathic treatment. It is impossible for me here to give full details of the treatment and progress of the case. Suffice to say that at first she apparently got worse, grew more languid, more feeble, and lost her sleep. Her relatives upon this wrote to urge her return, fearing lest she should become too weak to bear the journey, and die at a distance from home. Convinced, however, that these bad symptoms were due to the progress of the large suppurating tumour in the neck, which had begun to show itself before she commenced the treatment; and that they would yield to the tonic influence of water the moment that the tumour should ripen and be opened, I strongly dissuaded my patient from this step, and she remained. My opinion was confirmed by the event. The tumour near the collar-bone ripened, was opened, and from that time she began to improve.

July 2.—My report runs thus: Abdominal torpor removed. Her appetite is better than it has been for half a year. Twice or thrice she has walked two miles at a stretch, without much fatigue. Sleeps all night—cough gone—pain in left side gone, and her breathing is much better. But she still has palpitation.

July 5.—Yesterday walked three miles at a stretch, which she had not done since February.

July 12.—Walks three or four miles a day, sometimes as much as seven, but with much fatigue and swelling of feet and ankles—cheerfulness restored.

July 19.—Improving. It is remarkable that, instead of the uncertain dreamy sleep from which she awoke weary and unrefreshed a month ago, she now enjoys a deep sleep, from the moment of retiring to bed to the moment of rising in the morning. She sleeps sometimes twelve hours at a stretch, and wakes fresh and active.

August 16.—My patient walked five miles yesterday, and four miles the day before.

August 20.—My patient says that she never felt stronger in her life; is quite a new creature. Yesterday she walked eight miles; the day before yesterday she walked six miles, and six miles the day preceding.

August 23.—Walked ten miles yesterday, but not more than three miles at a stretch. She states that she feels better than ever she did in her life. Is quite recovered from her hallucinations, deserting the ideal world for the world of reality.

August 27.—Has walked daily, from four to six miles. Rises at six, goes to bed at half-past ten; sleeps the whole of the intermediate time, and an hour in the afternoon.

September 3.—Yesterday walked five miles at a stretch, seven miles in the course of the day, and was not too much fatigued. At this date she left the Establishment.

To those who saw this patient when she arrived and when she left the Establishment, the change in her appearance was astonishing. She came to me a feeble creature, with one foot already in the grave. A walk of three minutes exhausted her strength. From the loathing for food which she felt, she ate so little that she was half starved. Her mind was no less affected; her spirits were most painfully depressed, and she spent nearly the whole day languidly reclining on a sofa, a prey to that peculiar delirium which I have before described. When she left me, her mind had regained its tone; she was constantly cheerful and animated; her visions had melted away. She was eating, drinking, and sleeping, in a manner to make up for the time she had formerly lost, and was in the habit of walking daily not less than four miles, and sometimes as much as ten. Her cough had not entirely disappeared, however, and she still suffered occasionally from palpitation, and the ulcer in the lung was not healed. But by an instrument invented by Mr. Hutchinson for that purpose, it was ascertained that, in breathing, her lungs had been so far strengthened, that she could inspire forty cubic inches of air more than when she commenced treatment.

I do not know what ultimately became of this young lady.

*Incipient Consumption.*

Dec. 4, 1852.—Miss S—— suffered from all the symptoms of Incipient Consumption. She had had repeated attacks of spitting of blood; constant hack-

ing cough, pain in the left side of the chest, quick small pulse, feverishness, perspiration at night, want of sleep, entire loss of appetite, pallor of countenance, almost total inability to walk from weakness, general and almost convulsive tremblings at times, nervousness, &c. The physical examination of the lungs showed deficient respiration and crepitation at the apex of the left lung, but there was no dulness, pectoriloquy, &c.

*Treatment.*

1852.	Morning.	Mid-day.	Afternoon.
Dec. 4.	Wet towel rubbing.	Wet towel rubbing.	
— 11.	As before.		Wet towel rubbing.
— 18.	As before.	Wet towel rubbing.	As before.

The treatment was here interrupted for a time.

1853.	Morning.	Mid-day.	Afternoon.
Jan. 29.	Wet friction of chest.		Wet friction of chest.
Feb. 5.	Wet friction down to hips.	Wet friction down to hips.	Wet friction down to hips.
— 26.	As before.	Wet towel rubbing.	As before.
Mar. 12.	As before.		As before.

The water used was of the temperature of 70° F.

It will be remarked that here, the patient being very delicate, the treatment was correspondingly gentle; yet it had the desired effect, for all the symptoms gradually diminished, and at length disappeared, and

the young lady recovered her health and strength, and is since married.

*Apprehended Consumption.*

Miss —, aged about 19, born in a hot climate, and overdosed with calomel, had suffered continually for years from a variety of ailments. Among other things, a mercurial eruption broke out, which, however, after a time died away spontaneously. She was very emaciated, very pale, suffered from great debility, was unable to undergo the least fatigue, had no appetite, and, in short, all her friends expected year by year that she would be carried off by consumption. She took the following treatment :

1850.	Morning.	Mid-day.	Afternoon.
July 13.	Pail douche.	Pail douche.	
— 20.	Wet towel rubbing.	Wet towel rubbing.	
— 27.	Pail douche.	Pail douche.	
Aug. 3.	Pail douche.	Pail douche.	Pail douche.
— 17.	Wet sheet packing, half hour; pail douche.	Pail douche.	Pail douche.

Under this method of treatment, slightly varied from time to time, she perfectly recovered, and the following winter took the field with the Warwickshire hounds.

*Spitting of Blood and Incipient Consumption.*

Miss —, aged about 19. This young lady was the daughter of a medical practitioner, and presented the early symptoms of consumption. Her mother, her brother, and her uncle had died of this disease; so that

when it began to show itself in her, her father, after a brief medical treatment, being greatly alarmed, and having learnt by bitter experience the nullity of the ordinary means, took her at once to the water-cure. She had the hacking cough, loss of appetite and flesh; night perspirations, enlarged glands in the neck, and other symptoms, of which the most alarming and unmistakable was spitting of blood. On two occasions she brought up a considerable quantity; and on one the quantity was so large that she fainted.

Her treatment was as follows :

1851.	Morning.	Mid-day.	Afternoon.
July 13.	Head Douche.	Head Douche.	

She was at this period suffering severely from headache, from congestion of blood in the head.

1851.	Morning.	Mid-day.	Afternoon.
July 20.	Shallow b. 1 m.	Sitz 15 min.	Sitz 15 min.
Aug. 3.	Shallow b. 1 m.		Pail Douche.
Sept. 7.	As before.	Wet towel rubbing.	As before.
— 21.	Wet towel rubbing.	Dripping sheet.	
Oct. 12.	Douche 1 m.		
— 19.	Wet towel rubbing.	Douche 1 min.	
Nov. 2.	Wet sheet pack 30 m.; shallow b. 1 min.	Douche 1 min.	
— 9.	Shallow b. 1 m.	Douche 1 min.	
— 23.	Wet towel rubbing.	Plunge.	
Dec. 14.	Wet towel rubbing in the morning for a week.		

From this point of time she continued to mend steadily, and got wonderfully well and strong; and this improvement remained until quite lately. I learn however from her father that, "just at present she is not so well again, being very thin, with glandular swellings about her throat, and with occasional short dry cough." It is evident that she ought to undergo the treatment again. When she commenced treatment she weighed 6 st. 5 lb. 4 oz.; and when she left off, her weight was 7 st. 6 lb. 2 oz.; showing an increase of 15 lb., except 2 oz.

#### COUGH.

##### *Of hacking character.*

1. Short, hacking cough, with soreness as if the chest were raw, or soreness from the pit of the stomach upwards, with short, laboured breathing, Arsenicum.

2. Hacking cough, caused by a sensation as if tenacious mucus were hanging down in the throat, Laurocerasus.

3. Hacking cough, concussing the head, Rhus Tox.

4. Turns of dry, short, hacking cough, Sulphuric Acid, Mercurius Corr.

##### *With Nausea or Vomiting.*

1. With nausea, Kali Carb.

2. With nausea and desire to vomit, Arsenicum.

3. With inclination to vomit without nausea, Ipecacuanha.

4. With vomiting, Arnica.

5. With vomiting of contents of stomach, Bryonia.
6. Cough after a meal, causing vomiting of the food, Tartarus Emet.
7. With vomiting of quantities of purulent matter when coughing, Silicea.
8. Wheezing cough, with retching and raising of tough mucus, Kali Bich.

*Of various kinds.*

1. In the open air, causing pain in the chest and abdomen, Phosphorus.
2. Causing a pain in the pit of the stomach, as if bruised.
3. With scraping, raw sort of pain in region of larynx, Sepia.
4. Gasping for breath at the commencement of every paroxysm of cough, Tartarus Emet.
5. Caused in children by weeping and crying, Arnica.
6. With pain in the head, Ammonia Carb.
7. With asthma in bed, Ammonia Carb.
8. With sneezing, Tartarus Emet.
9. Caused in children by anger, Tartarus Emet.
10. Fatiguing cough, with asthma and burning in the chest, Carb. Veg.
11. Excited by laughing, China.
12. Cough and rough throat, Kali Carb.
13. Only when lying night and morning, Silicea.
14. Pain in pit of stomach after a violent cough, Silicea.
15. Loose cough, with pain and sore feeling in the chest, Phosphorus.

16. Cough with head-ache, as if the skull would fly to pieces, Phosph. Acid.

17. After a meal, Nux Vomica.

18. When swallowing, Opium.

19. After drinking, Aconite.

*With tickling, scraping, or irritation in the Windpipe.*

1. On entering a warm room from the open cold air, irritation in the larynx, causing a dry cough, Aconite.

2. Tickling low down in the windpipe, inducing cough, with expectoration of white mucus.

3. Tickling in the larynx, causing cough, Carbo Animal.

4. Scraping and painful cough, with retching, as if caused by roughness and dryness of the larynx, Bryonia.

5. Cough with tickling itching in pit of the throat, Silicea.

6. Tickling in the lower parts of the large air-tubes, inducing cough, with slight expectoration, Veratrum.

7. Tickling cough, worse at night, also taking away the breath, Tincum.

8. Tickling cough in the day-time, Staphisagria.

9. Tickling cough, Silicea.

10. Cough caused by scraping in the throat, Phosphorus.

11. Roughness of windpipe, with hacking cough, Phosphorus.

*Spasmodic Cough.*

1. Cough with sense of suffocation or constriction of the windpipe, Arsenicum.

2. Spasmodic cough three or four times a day, Carbo Veg.

3. Dry spasmodic cough, particularly at night when lying down, sometimes with redness of the face and vomiting of mucus, Hyoscyamus.

4. Wheezing and panting on waking, with violent cough, causing him to sit up, Kali Bich.

5. Suffocating, exhausting evening cough for one hour, also with coldness of the extremities, Ipecacuanha.

6. Suffocative cough, the child becoming quite rigid and blue in the face, Ipecacuanha.

7. Dry spasmodic cough, with rawness of the chest and throat, Silicea.

*Cough with Expectoration.*

1. With a fluid, frothy expectoration, Aconite.

2. With expectoration of white mucus, Sepia.

3. Greenish lumps, having a sweetish taste, Sulphur.

4. Yellow purulent expectoration, Staphisagria.

5. Foul-tasting expectoration, Cuprum M.

6. Fatiguing cough, with discharge of blood from the nose, Cuprum M.

7. Morning cough, with expectoration, Drosera.

8. With greenish expectoration, Hyoscyamus.

9. With sourish expectoration, Kali Carb.

10. With profuse expectoration, Kali Carb.

11. With dense, transparent expectoration in small lumps, Kali Bich.

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12. Cough with raising of yellow mucus, Pulsatilla.
13. Cough with purulent expectoration and hectic fever, Pulsatilla.
14. Cough with spitting of blood, Stannum, Mercurius, Corr., Opium, &c.
15. Coughing of clots of blood, Bryonia.

*Hoarseness—Rough voice—Loss of voice.*

1. Rough, hoarse voice, Belladonna.
2. Loss of voice, Kali Carb.
3. Sudden hoarseness, Sepia.

*Stitches while coughing.*

1. In the throat, Bryonia, Kali Carb.
2. In sides of chest, Arnica, Dulcamara.
3. In the chest, Drosera, Phosphorus, Sulphur.
4. In the breast-bone, Belladonna.
5. In the shoulder, Pulsatilla.

STOMACH DISORDERS.

Overloaded stomach :—Dissolve a globule of Pulsatilla in half a tumbler of water, and take one teaspoonful every two or three hours. If there be much nausea, give Ipecacuanha in the same way.

Indisposition from rich, fat, oily food (whether animal or vegetable), as pork, veal, young meats, goose, salmon, eels, pastry, nuts, &c. :—Dissolve a globule of Pulsatilla in half a tumbler of water, and take one teaspoonful every two or three hours.

Indisposition after salted provisions :—Dissolve one globule of Arsenicum in half a tumbler of water, and give one teaspoonful every six hours.

Indisposition after crabs, lobsters, mussels, and other shell-fish :—Dissolve one globule of Rhus Toxicod. in half a tumbler of water, and take one teaspoonful.

Indisposition after acid drinks, as vinegar, lemonade, sour beer, &c. :—One globule of Aconite every two hours.

Indisposition after coffee, beer, wine, or spirits :—One globule of Nux Vomica every four hours.

Indisposition after fruit or slightly acid wines :—Pulsatilla, one globule every three hours.

Indisposition after ices or cold water :—Dissolve one globule of Arsenicum in half a tumbler of water, and give one teaspoonful every two hours.

Indisposition from drinking strong tea :—One globule of China 30, every two hours.

#### CONSTIPATION.

This is not an unfrequent affection among children, and may be treated as follows :—

Opium 30, one globule in a little water night and morning. This failing, Nux Vomica 30, in the same way ; and afterwards Natrum M. The hydropathic treatment consists in the use of the abdominal compress, wetted twice or thrice in the day. It may, if necessary, be worn at night. Sitz bath, temp. 60° to 70° F., for 5 or 10 min. once or twice a day. It is usually requisite at the same time to administer the general

treatment. If there were such a thing as an infallible remedy, hydropathic treatment for constipation might be termed such; for, of the multitude of cases I have treated, I cannot call to mind one which has resisted its application.

*Case.* Miss L——, aged 11, has from infancy suffered from obstinate constipation, the bowels not acting for three, four, or five days together.

	Morning.	Mid-day.	Afternoon.
July 27.	Pack in large towel for 30 m. Shallow 1 m.	Sitz 10 m.	Sitz 10 m.
	Wear wet compress night and day.		
Aug. 7.	The bowels have now been acting with perfect regularity <i>every day</i> for the last week.		

#### HICCOUGH.

1. Hiccough after an eructation, Bryonia.
2. Frequently a single turn of hiccough, Chamomilla.
3. Imperfect hiccough, causing a spasmodic pain in stomach, which soon goes off, Magnes. Carb.
4. Violent, long lasting hiccough, producing pain in the chest, Stront. Carb.
5. Bitter eructations and hiccough, Taraxacum.
6. Hiccough alternating with eructations, Dulcamara.

Dissolve a globule of the appropriate medicine in a tumbler of water, and take a teaspoonful. It may be repeated after 20 minutes. If it do not answer, the wrong medicine has been selected.

## THIRST.

1. Continual drinking from thirst, Natrum M. 30 ; give one globule in a little water three times a day.

2. Burning unquenchable thirst, sometimes for beer, which however is heavy on the stomach, Aconite 30 ; one glob. in water night and morning.

3. Desire for drinks without caring to drink, Belladonna 30 ; one glob. night and morning.

4. Intense thirst all day, especially during a meal, Cocculus 30 ; one glob. in water once or twice a day.

5. Thirst after looseness of the bowels, Magnes. Carb. ; one glob. dissolved in half a tumbler of water, one teaspoonful every three hours.

6. Thirst every morning, with heat and dryness of mouth, Natrum Carb. 30 ; one glob. in water every morning.

7. Thirst increased after beer, Bryonia 30 ; one glob. in water, a dose when required.

ABDOMINAL SYMPTOMS.—*Pain.*

1. Excessive pain in middle of belly, Calcareæ Carb.

2. Pains in stomach and intestines, Veratrum.

3. Severe pain in liver, Lycopodium.

4. Dull pains in liver, Plumb. Acet.

5. Violent pain in whole abdomen, Phosphorus.

6. Severe pain in region of spleen, Lachesis.

7. Violent pain round the navel and in the loins, Mercurius Corr.

8. Intense pains above the left groin, Mercurius Corr.

9. Frequent pain in right groin upwards and downwards, Kreosote.

10. Pain in lower abdomen as after taking cold, Colocynth.

*Aching.*

1. Aching pain in abdomen, with nausea, Calcarea Carb.

2. Severe aching in region of liver, Natrum M.

3. Aching above the groins, with pinching, Carbo Veg.

4. Aching pain, with slight chills, China.

*Sticking, &c.*

1. Sticking, pinching pains in pit of stomach, Pulsatilla.

2. Painful stitches in abdomen, Carbo Anim.

*Cutting.*

1. Cutting pain in abdomen, Hepar Sulphuris.

*Shooting.*

1. Shooting pains in abdomen, Conium.

*Sensitiveness.*

1. Cannot bear the clothes tightly fastened, from sensitiveness of the abdomen, Calcarea Carb.

2. Excessive sensitiveness of the abdomen, Nitric Acid.

3. The region of the liver is sensitive to contact, Nux Vomica.

4. Hard abdomen, painful to the touch, Cuprum M.

*Bruising.*

1. The bowels feel painful, as if bruised, Cannabis.

*Soreness.*

1. Sore feeling in abdomen, Stannum.

*Cramp.*

1. Crampy pain in abdomen, Phosphoric Acid.

2. Violent spasmodic pains, Cuprum Acet.

*Various.*

1. Writhing pain, Silicea.

2. Burning pain, Causticum, Arsenicum.

3. Gnawing pain, Arsenicum.

*Distension.*

1. Hard distended abdomen, Chamomilla, Plumb. Acet.

2. Painful distension, Arsenicum, Baryta Carb.

3. Distension, fulness, and hardness after eating, Magnes. Sulph.

4. Distension, eased by emitting flatus, Magnes. Carb.

5. Distension of abdomen, with grumbling, Nitric Acid.

6. The abdomen feels heavy and distended, Silicea.

7. Fulness and distention of abdomen after a moderate meal, Muriatic Acid.

*Flatulence.*

1. Emissions of fetid flatulence, China, Kali Carb.
2. Incarcerated flatulence, China, Lycopodium.
3. Flatulence at night, Camphor.
4. Excessive flatulence, causing discomfort, Nitric Acid.
5. Fetid flatulence after a meal, Pulsatilla.
6. Emission of cold flatulence, Conium.
7. Sour-smelling flatulence, Natrum Mur.
8. Violent rumblings in abdomen, Belladonna.

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Of the medicine which appears most appropriate, dissolve a globule in a little water, and take a dose night and morning, or when most oppressed, for a few days in succession.

*Acidity of Stomach.*

Dissolve a globule of Nux Vomica in half a tumbler of water, and take one teaspoonful every half hour, while necessary. Calcareo Carb. is a useful remedy when Nux does not answer. In children also Chamomilla. These medicines may be given in the same manner as Nux.

*Foul Breath.*

Mix a teaspoonful of powdered Poplar Charcoal in a tumblerful of water. Gargle the mouth with this, and take one teaspoonful night and morning. If this is

found to be a disagreeable medicine, take instead one globule of Carbo Veg. night and morning.

*Pains in Abdomen—Case.*

Miss B——, aged about 16, had suffered for a very long time from pains in the abdomen, so incessant and severe as to incapacitate her for every duty and every exertion. There was no disorder of the stomach or bowels, nor was there any disease detectable upon examination; but she was exceedingly emaciated and weak. All the usual remedies had been tried and all had failed, and, as a last resort, she was brought to the water-cure. She took the treatment, as detailed below, and entirely recovered:—

	Morning.	Mid-day.	Afternoon.
July 7.	Wet friction.	Wet rub. towels, preceded every other day by wet sheet pack 40 min.	Pail douche.
— 14.	Wet rub. towels.	Wet rub. towels.	Sitz 15 min.
— 21.	As before.	Towel pack 30 min., and wet rub. towels.	As before.
— 28.	As before.	Wet friction.	Wet friction.
Aug. 4.	As before.	Pail douche.	Pail douche.
— 11.	As before.	Vapour bath and wet rub. towels.	As before.
— 18.	As before.	Wet rub. towels, preceded every alternate day by vapour bath.	As before.
Sept. 8.	As before.	Shallow 1 min.	As before.
— 15.	As before.	Pail douche.	

## INDIGESTION—VOMITING—WEANING BRASH.

The chief sign of this disease is vomiting, but it must not be supposed that vomiting is of itself a disease. Children are very apt to take an improper quantity of food, and in this case the stomach rejects the excess, retaining, however, a sufficient amount for the nourishment of the body. It is only when the whole of the food is vomited, and the child begins to suffer from deficient supply of aliment, that this symptom can be considered indicative of disease. Vomiting, as a disease, may occur either while the infant is still at the breast, at the time of weaning, or at a subsequent period.

In the first case the symptoms usually run as follows: The child grows pale and languid, presenting, unmistakeably, signs of failing health. It cries and whines, and is never quiet but when at the breast. It sucks greedily without being satisfied, and shortly after vomits the whole, or nearly the whole, of the milk, either fluid, as it received it, or curdled, and suffers evidently great distress. Generally, the child's breath has a sour smell; but this is not always observed. The vomiting is constant, and each attack leaves the patient weak and exhausted, but eager to suck again.

*Causes.*

The causes of this affection are said to be—

1. Suppressed eruptions.

2. Teething.
3. Tossing the child about immediately after suckling.
4. Improper food after weaning.
5. Over suckling.
6. Alteration of the nurse's milk from errors of diet, mental emotion, or any other cause interfering with the general health.

*Treatment.*

In the early and mild stage of the affection, when vomiting is the chief symptom, give Ipecacuanha 30, one glob. night and morning. This will often suffice to effect a cure.

In the severe form of the affection, attended with emaciation and prostration of strength, give Arsenicum 30, one glob. every two hours.

Tendency to stupor and insensibility indicates Opium 30, one glob. every hour, for a few hours.

If there be acidity and flatulence with diarrhoea, give Pulsatilla 30, one glob. every two hours, for a short time.

Acidity and flatulence with constipation indicate two or three doses of Nux Vomica 30, one glob. every two hours.

In the most severe form of the affection, Veratrum, Secale, &c., may be necessary, under the direction of a judicious practitioner.

## LOOSENESS OF THE BOWELS.

There are three principal kinds of diarrhœa, viz. bilious, mucous, and lienteric. Bilious diarrhœa is marked by the copious evacuation of loose stools, of a bright yellow or green colour. It is a common complaint in hot weather. Mucous diarrhœa is characterized by loose stools, which contain a considerable amount of mucus, and sometimes a certain quantity of blood. Their colour is usually light green, and they are very offensive. Sometimes they resemble chopped spinach, or yellowish or greenish clay. It is said that in many cases these stools are originally yellow, but that they become green in an hour or two. At the commencement of the complaint, the mucus is thin and transparent; afterwards it becomes thick, opaque, and resembles matter.

When food passes through the bowels undigested, it is called lienteric diarrhœa. It is a bad form of the disease.

A child affected with diarrhœa soon suffers considerably as to its general health. It becomes emaciated, and debilitated, and languid. There is an expression of weariness, depression, and sinking about the face. The eyes are sunk, surrounded by dark circles; the features are sharpened; and the whole countenance wears an appearance of age. The tongue is white and furred, and red and rough, with minute scarlet or swollen glands; and sometimes a curdy matter forms about the mouth, which is generally dry

—and the patient complains of much thirst. The pulse is frequently, especially in severe cases, very quick and small. The local symptoms are heat and soreness about the fundament; constant but frequently ineffectual desire to stool; sometimes griping pains, and rumbling sounds in the abdomen, and gurgling sensation on pressure. Occasionally the belly is distended with wind, but more generally it is shrunken and concave. In very severe cases the child may sink rapidly, and die; but generally the disease is easily checked by proper treatment.

#### *Causes.*

The principal causes of diarrhœa are heat, cold, damp, improper food, teething, and variations of atmospheric temperature.

In a comparison of the result of five years' observation at the Children's Infirmary, Dr. West found that in the three months—

PER CENT.			
Nov., Dec., Jan. Diarrhœa formed 7·2 of all cases of disease.			
Feb., Mar., April	—	8·3	—
May, June, July	—	13·0	—
Aug., Sept., Oct.	—	24·4	—

#### *Treatment.*

If there be any reason to suspect that the child's milk does not agree, its nurse should be changed. If the child be weaned, the diet must be of the lightest and mildest nature, consisting principally of milk and farinaceous articles. No meat should be allowed.

The chief hydropathic remedies against this affection are the abdominal compress, which in most cases may be worn day and night, being frequently renewed, and the wet sheet packing, which may generally be applied three or more times in the day. The child may remain in the packing fifteen or twenty minutes, after which it is to be unpacked and rapidly washed over the chest and abdomen, and dried. If much fever be present, the packings should be more frequently repeated. After the fever is checked, the sitz bath, temp. 65° or 70° F., for 5 or 10 m. once or twice a day, is a useful measure.

When there is derangement of the stomach, with hardness and fulness of the belly, colicky pains, restlessness, fretfulness, and thirst, and the dejections resemble chopped spinach or beat-up eggs, or present a yellow or whitish and frothy appearance, and emit an odour like that of rotten eggs, give *Chamomilla* 30, glob. j. after each action of the bowels.

When, together with derangement of the stomach, the evacuations assume a watery, slimy, or bilious character, and have a greenish or light and whitish aspect, give *Pulsatilla* 30, glob. j. after each action of the bowels.

If, together with the diarrhœa, vomiting exist in a marked manner, give *Ipecacuanha* 30, glob. j. after each attack of vomiting.

If the diarrhœa alternate with constipation, give *Nux Vomica* 30, glob. j. night and morning.

When the stools are frequent, but scanty and mucous, or tinged with blood, and attended by much

straining, give Mercurius Corr. 30, glob. j. every four hours.

In advanced stages of the disease, Ferrum, China, and Arsenicum, are appropriate remedies.

*Cases.*

Miss —, 10 years of age, had suffered from chronic diarrhœa for more than twelve months, attended with severe periodical griping. She was pale, thin, dull-spirited, and without appetite. She was weak, and unable to enter into the amusements which usually delight children of her age. The action of the bowels alternated between diarrhœa and constipation; sometimes being moved three or four times in the day, and then not being moved at all, and then again being relaxed. The stools were always thin and watery. There were other symptoms present, but as these were entirely dependent upon the morbid state of the bowels, it is not necessary to enumerate them. She took the following treatment, under which she recovered perfectly :—

1856.	Morning.	Mid-day.	Afternoon.
May 7.	Towel pack 20 m. P. douche 70° F.	Wet towel rubbing at 70° F.	P. douche 70° F.
May 21.	Wet towel rubbing 70°.	Pail douche 70°.	Wet towel rubbing 70° F.
May 28.	Pail douche, preceded twice a week by pack 40 min.	As before.	As before.
June 11.		Pail douche.	Pail douche.

This treatment was continued for a fortnight, after which she left the Establishment, perfectly cured.

"Charlotte Elizabeth Pilkington, aged  $2\frac{1}{2}$  years, was attacked in the night of July 27, 1843, with a violent and most distressing dysentery. I was called in the next morning, and placed her in the wet sheet for one hour. At three in the afternoon I saw her again. The fever, which had previously been running high, had entirely left her; but the dysenteric symptoms still remained, urging her to stool about every ten minutes, but in vain. I sweated her profusely under blankets, then placed her in the cold bath for five minutes, and applied a wet bandage round the body, covered with mackintosh. This treatment was repeated at night, at 8:30 o'clock.

"July 29. There has been no urging to stool all night; slept well; bowels comfortably relieved this morning, in a natural and healthy manner. Repeat the treatment once more, and then desist altogether.

"July 30. The child is quite well. During the continuance of the disease, the child drank freely of cold water, and took no food."

"Emma ——. Bowels purged for a week; open thirty times in three days. They were open six times the day before yesterday, and three times yesterday. To put on the abdominal compress, and take pail douche three times a day. The first application of bath and compress effected a cure."—*Dr. E. Johnson's Principles of Hydropathy.*

## WORMS.

There are three species of worms, which more frequently than others infest the alimentary canal. These are the tape-worm, the round-worm, and the thread-worm. Of the last there are again two varieties, viz. the long and the short thread-worm. The long thread-worm inhabits the large intestines, is about two inches in length, and resembles a thread. The short thread-worms are generally found also in the large intestines, at no great distance from the fundament, where they create an almost insupportable itching. They are seen in recently passed evacuations, frequently in great numbers, writhing like little eels; or they may be observed clustered about the anus. The symptoms produced by the round-worms are usually griping about the navel, emaciation, and voracious appetite. Itching of the nose and fundament, with gnawing pain at the stomach, and other signs of stomach derangement, indicate the existence of thread-worms. Tape-worm is less common in children.

There is no *certain* sign of the existence of worms, except their detection in the evacuations. Generally, however, their presence is made known by heat, itching, and sometimes inflammation or rawness about the nose or fundament, and the child is frequently observed to pick his nose. The other symptoms are those indicative of derangement of the stomach and bowels; such as capricious, inordinate, or deficient appetite, disturbance of the bowels, gnawing pain in the

stomach, griping pains of the belly, dulness or drowsiness, and even convulsive fits, and the other symptoms of gastric fever, which it is not necessary to recite here.

*Causes.*

Whatever depraves the general health favours the development of worms. Hence they are common in cold, damp, low, and unhealthy districts; and scrofulous children, and the ill-fed offspring of the poor, are peculiarly subject to them. A physiologist who was investigating the diseases caused by starvation kept a great number of frogs in a large tub of water. These frogs lived a whole summer and autumn without any food whatever, except the nutriment which they obtained from the invisible ova, or animalcules floating in the air. At the expiration of this time, they were killed, and every frog was infected with worms of the species called *filaria*, which occupied, in great numbers, the lungs and intestines. This fact illustrates the effect of insufficient food in developing worms.

*Treatment.*

Seeing that worms are not a disease, but merely a symptom of disease, our chief efforts must be directed to the improvement of that ill-conditioned habit of body, whether scrofulous or otherwise depraved, without which worms could not be developed. The child, if resident in an unhealthy locality, should be removed, his diet carefully regulated, and, in fact, his whole plan of life should be ordered according to the hygienic laws laid down in preceding chapters.

With the object of improving the tone of the system, a mild hydropathic course should be instituted. The kind and frequency of the baths prescribed will of course depend upon the amount of vigour possessed by the patient, upon his age, the season of the year, and other circumstances. The plan which I am about to recommend applies to pretty robust children, of about the age of eight years.

*1st fortnight.*—Begin with a quick wet towel rubbing (temperature of water 65° F.) every morning upon rising from bed. After two or three days, give a second wet towel rubbing, similar to the first, three hours after dinner; substitute cold water (50° F. to 60° F.) for tepid.

*3rd week.*—Administer, in the afternoon, instead of the wet towel rubbing, a pail douche of two pails. Sitz 15 m. at 60° F. for 10 m. mid-day.

*4th week.*—Give the pail douche of two pails in the morning. Pack in damp towel for 15 or 20 m. mid-day, and afterwards give pail douche of two pails. Afternoon sitz bath 10 m. Use the umschlag. Persevere with this treatment for a month or two.

It will be sufficient, as regards water-drinking, to encourage the child to get gradually to take as much as three small tumblers in the day—one after each bath. In the case of thread-worms, injections of cold water will be found serviceable in giving tone to the intestines. They may be administered twice or three times a week, more or less frequently according to circumstances. They must not be persevered in, however,

for a long period, as they are apt to cause an undue secretion of slimy matters.

The diet should be extremely simple, consisting chiefly of bread and milk and water. It is not advisable to eat much animal food. In fact, except in cases of extreme debility, it is best to place the patient upon a purely vegetable diet.

When the patient has been some time under hydropathic regimen, and his health is improved, it will be right to attempt the expulsion of the worms from the body by specific means. The hydropathic treatment is sometimes of itself sufficient to effect this, as I have several times observed; but it is better not to wait for this result, but have recourse to more direct appliances.

Inclination to vomit, relaxed state of the bowels, sensations of faintness, or sinking at the pit of the stomach, constriction or oppression of the chest, indicate *Ipecacuanha* 30, glob. j. every four hours.

Very similar symptoms, with constipated instead of relaxed bowels, indicate *Nux Vomica* 30, glob. j. twice a day.

Itching of the nose; febrile exacerbation towards evening; restlessness; fractious behaviour; cries or starting during sleep; blackness about the eyes; dilated pupils; hard quick pulse; transient flushings of the face; occasional delirium; clammy tongue; belching; vomiting; constant craving for food; heat, hardness, and inflation of the stomach; constipation or relaxation; scanty mucous stools, attended with much straining;

twitchings of the limbs ; languor ; thick white urine ; wetting of the bed at night : these symptoms indicate Cina 30, glob. j. night and morning. This remedy, alternated with others, is useful in almost every case of worms.

Sympathetic cerebral disturbance, attended with heat of head, pulsation of the fontanelles, delirium, quick pulse, &c., indicate Belladonna.

Constitutional remedies, such as Calcareæ, Silicea, Sulphur, &c., will commonly be valuable in winding up the cure.

#### INFLAMMATION OF THE BELLY.

This disease when acute is marked by cutting or stabbing pains in the belly, heat, tenderness, and swelling (from wind) in the abdomen, and for the most part constipation. There is fever, great restlessness and suffering, very rapid small pulse. The countenance expresses extreme anguish ; and the patient lies on his back, with his knees drawn up upon the trunk of the body, and he manifests the greatest unwillingness to be moved. The disease may run a rapid course, ending in suppuration and death from exhaustion ; or it may become chronic, and ultimately wear the patient out ; or again it may lead to dropsical effusion into the belly, and the patient linger a long time, until he is either cured by appropriate treatment, or wastes quite away.

In the first stage, Aconite, Belladonna, and Mercurius are the grand remedies.

Dissolve, first, Aconite 30, glob. iij. in a tumbler of water, and give one teaspoonful at a dose every half hour, or more frequently, according to the urgency of the symptoms. When the fever is abated, dissolve Belladonna 30, glob. iij. in a tumbler of water, and Mercurius Cor. 30, glob. iij. in a second tumbler of water. Then give one teaspoonful of each mixture in alternation every hour.

In the chronic form of the disease, Veratrum 30, and Sulphur 30, of each glob. iij. dissolved in a tumbler of water. Give one teaspoonful of the Veratrum mixture in the morning, and one of the Sulphur mixture at night.

The hydropathic treatment is not generally applicable in the acute stage of the disease, beyond the application of a compress to the abdomen, if there be great heat present; but in the chronic form it will often be of great benefit, as in the annexed case:—

*Inflammation of the Belly—Dropsy.*

Betsy Fitters, aged two years, has had the following complaint coming on her for 12 months:—Swelling, hardness, heat, tenderness, pain, and dropsy of the belly from inflammation. The veins of the abdomen are very large and distinct, showing internal obstruction. In her mother's words, "she sweats dreadfully, is very sick after eating, and is frequently worked upwards and downwards." The general symptoms correspond: there is feebleness, emaciation, feverishness, restlessness, and loss of sleep, &c., &c. Ordered wet rubbing towels twice a day, and to wear the abdomi-

nal compress day and night, changing it four times a day.

May 13.—My note-book says:—"Abdomen very much smaller and relaxed: has passed a great deal of water; sleeps well; appetite uncommonly good; bowels very nicely: compress warms well: sickness has left her. Has a little cold."

May 21.—"Almost well: bowels quite free from anything but wind; bodily health quite good."

#### FEBRILE JAUNDICE.

In this disease there are usually present loss of appetite, nausea or vomiting, flatulence, and tension in the region of the liver and the pit of the stomach. The tongue is coated yellow. There is more or less giddiness and depression of spirits, and frequently shivering and chilliness. These symptoms are followed by yellowness of the eyes and skin. The urine is hot, burning, and very high-coloured, tinging the linen yellow. The stools are clay-coloured and deficient in bile. Most commonly a fulness, owing to congestion, may be detected over the region of the liver. There is more or less of feverishness, indicated by hot skin and quick pulse.

If the fever be high, pack in the half wet sheet for 30 min., and give afterwards a wet towel rubbing, temp. 65° F., once or twice a day, according to necessity. If the fever be very slight and the child robust, pack for an hour, and endeavour to bring out perspiration,

giving the patient copious draughts of cold water during the operation; afterwards administer the rubbing towels.

At the same time, or by itself, if the packing be not administered, give *Mercurius Vivus* 30. Dissolve four globules in a tumbler of water, and give one teaspoonful every four hours.

#### NAVEL RUPTURE.

This affection is an indication of weakness of the walls of the abdomen, which is usually only a symptom of general muscular weakness. The water treatment is therefore beneficial in constringing the tissues. The compress, sitz bath, wet rubbing towels, pail douche, shallow bath, &c., must be applied according to the directions given in the section on Tonic Treatment.

Give also a globule of *Nux Vomica* 30, in a little water, night and morning.

#### FUNDAMENT.

1. Descent of the bowel:—Wash the parts well with cold water, and give injection of cold water morning and evening. Administer internally *Plumbum Acet.* 30, glob. j. night and morning. General tonic treatment will also usually be serviceable.

2. Burning and itching at orifice of anus:—Same local treatment, with compresses. Internally, give *Alumina* 30, glob. j. night and morning.

3. Heat and swelling at margin of anus :—Same local treatment. Internally, Sepia 30, glob. j. night and morning.

4. Flow of white mucus from the anus, with itching :—Same local treatment. Internally, Aconite 30, glob. j. night and morning.

5. Discharge of moisture from the anus, followed by itching :—Same local treatment. Internally, Sulphur 30, glob. j. night and morning.

6. Itching of anus as from worms :—Same local treatment. Internally, Mercurius Sol. 30, glob. j. night and morning.

7. Sore feeling at anus :—Kali Carb. 30, glob. j. every morning.

8. Swelling of anus all round :—Graphites 30, glob. j. night and morning.

9. Painful contraction round anus :—Aconite 30, glob. j. night and morning.

#### INFANTILE REMITTENT, WORM, OR GASTRIC FEVER.

This affection appears frequently slowly and insidiously, the child having previously been in good health, or during the course of some other malady. In the latter case, the symptoms of gastric fever are blended with the symptoms of the previous complaint, and are apt to be overlooked, or attributed to a wrong source, unless the practitioner be fully on his guard. In the former case, the child begins to lose his healthy aspect—to become pallid and emaciated, fretful and uneasy. His appetite is impaired; his breath smells offensively;

his tongue is foul; he complains (if of an age to do so) of griping pain in the belly, which is frequently distended with wind. He moans, and starts, and grinds his teeth during sleep, and frequently awakes suddenly. The bowels are either obstinately constipated or much relaxed, in which case the motions are offensive and unnatural. The lips, tongue, and tips of the nostrils are red and dry, and the child is constantly picking at them. At an uncertain period, after the development of the above symptoms, the circulation becomes implicated—the pulse becomes quick—the skin hot—the countenance flushed, and the brain more or less affected. From this period the disease progresses, as in the suddenly developed form. During the day the patient is better—during the night worse; the former condition being termed the period of remission, the latter that of exacerbation.

The disease progresses, in unfavourable cases, until the child dies from mere exhaustion, or from some complication. In favourable cases the symptoms gradually subside, and the child recovers. The duration of the disease is very uncertain—it may last from a week to a month, or longer.

#### *Causes.*

Exposure to cold, teething, improper food, drugging, and suppression of chronic eruptions, are considered to be the usual exciting causes of gastric fever. Frequently, however, it seem to be merely the last stage of certain other complaints; thus, in the case of children suffering from whooping cough, dysentery, or the

eruptive fevers, gastric fever is very apt to supervene and carry off the patient.

*Treatment.*

In the case of a child, recently attacked, in whom the inflammatory symptoms run high, it is proper to apply the wet sheet packing (including in the damp sheet the chest, abdomen, and thighs) for half an hour every evening, upon the appearance of the febrile paroxysm. After the packing, the body is to be rapidly wiped with water of the temperature of 70° or 65° F. If a tendency to inflammation of the chest exist, or the child be of a more delicate constitution, it will suffice to include the abdomen and thighs only in the damp sheet. The whole body, however, must still be enveloped in the blankets, precisely as in the whole sheet packing. In the morning, if there be comparatively little fever, wash the body in water of the temp. of 70° or 65°. This may be again repeated, if it act beneficially, at noon. If fever exist, however, pack.

At the commencement of the disease give Aconite 30, glob. j. every two hours, until an impression be made upon the pulse, or the skin become moist.

When vomiting is a conspicuous symptom, give two doses of Ipecacuanha 30, glob. j. every four hours.

After Ipecacuanha, or when the motions are relaxed, fetid, whitish, bilious, or variable in colour, with griping and distention of the belly, give Pulsatilla 30, glob. j. every two hours.

When the evacuations are frequent, scanty, greenish-coloured, with much nervous irritation and flushes

of heat in different parts of the body, give Chamomilla 30, glob. j. every three hours.

When the evacuations consist of little else than slime, mixed, perhaps, with a little blood, give Mercurius Cor. 30, glob. j. every hour and a half.

In chronic cases, where the child gradually wastes away, and appears surely approaching the grave, Arsenicum is the specific remedy.

#### *Case.*

"About two months since, I went to visit a little girl of the name of Sarah Viney. She lived at Hockley, near Birmingham—a child of humble parentage. Upon my arrival, I found the little patient lying upon a temporarily made-up bed, placed in a corner, in close proximity to the fire, although the room was small, and the day genially warm. She was a small, puny, irritable child, aged four years and a half. Her mother informed me that she had been ill four weeks; that she was liable to fits (epileptic), by which she was convulsed several times during each day; that she had suffered from diarrhœa, for which she had taken some ordinary medicine, but that this appeared to have been productive of no good effect; for the child, up to this time, had steadily grown worse. She had also passed worms, which, upon inspection, proved to be the *ascaris lumbricoides*."

"When I examined the child, it appeared to be a case of irritative gastric fever, of a very severe remittent type. She was extremely thin and emaciated, with great pallor of countenance, hollow cheeks, and sunken

eyes, and in the centre of the pale, pasty face there was a bright red hectic patch on either side. A high state of fever, with hot, dry, and parched skin; pulse, very rapid, beating 125 to the minute, small, thready, and scarcely perceptible; tongue, teeth, and inside of lips black and covered with sordes—from the incrustation of salts and suppression of the salivary secretion. She was tormented with a hollow dry cough. The abdomen large, hard, and prominent, with excruciating pain and diarrhoea. There was great thirst, and entire loss of appetite, much restlessness and irritability. The head was likewise implicated. She would awake from a dreamy uncertain sleep with a shrill scream, as if suffering from great pain; at times, especially in the night, she was completely delirious. There was pain in the head, jactitation, tossing about of the arms, the thumb screwed into the palm of the hand, and the pupil contracted—all plainly indicating that the membranes of the brain had become affected. In fact, it was as severe and dangerous a case as it has ever been my fortune to witness.

“As to treatment, the child was at once carried away from the fire, taken into a room upstairs, put upon a bed from which all the clothes were removed, with the exception of her night dress and light counterpane; and the windows were thrown open. A cold water *compress* was ordered immediately to be placed all over the fore and back part of the head; to be repeatedly changed (as soon as it became warm—about each quarter of an hour), and worn night and day. After the lapse of half an hour the patient was wrapped

in a *wet sheet*. She remained in this for twenty minutes—and, directly after, followed the wet friction for four minutes. These two processes were repeated three times during the day. In the evening the child had a compress applied, which entirely enveloped the abdomen, there to be worn during the whole night. Her diet consisted of food of the lightest description, such as barley-water, &c.

The day following this treatment the fever was to a slight extent diminished, the pulse not quite so frequent, nor the delirium so complete. The treatment was ordered to be continued. On the second day, a decided improvement manifested itself—the pains in head, as well as abdomen, were considerably relieved, the heat of skin much less intense; pulse 110, firmer, and of more decided character; the diarrhœa arrested. Day after day the patient rapidly grew better and gained strength, and by the eleventh from the commencement of the hydropathic treatment, the fever, pains, delirium, &c., had entirely left: she was pronounced convalescent; and, in a few days more, was perfectly well—to use her mother's words, 'as fat as a little pig.'''\*

#### MEASLES.

When with the symptoms of fever are associated the symptoms of a common cold, viz. redness of the eyes, of the nose, of the interior of the mouth, se-

\* This case is reported by my brother, Dr. W. A. Johnson, in a little work called "Bedside Letters on Hydropathy."

cretion of tears, stuffing of or defluxion from the nose, sneezing, hoarseness, sore throat, or cough, the advent of measles is strongly indicated. On the fourth day of this fever the eruption begins to come out on the face, neck, and arms; then advances upon the trunk; and, lastly, invades the lower extremities. It fades in the same order, standing out at least three days upon the face. Generally within about a week the eruption turns brownish and paler, and at last disappears entirely. In the worst case of measles the rash frequently is only partial, and comes out late and irregularly. The danger of this disease principally arises from inflammation in the chest, which, especially in weakly children, or those of a scrofulous constitution, is exceedingly apt to occur.

#### *Treatment.*

A mild attack of measles requires but little treatment. What we have principally to do is to place the patient in a clean, airy, well-ventilated apartment, free from noise and disturbance. It is important that the bed-clothes and the patient's night-dress should be perfectly clean and sweet. He should be only lightly covered in bed. The bed-curtains should be drawn back, the windows freely opened so as to admit the fresh air; but care should be taken that no direct draught blow upon the patient. No one but the necessary attendants or nearest relatives should be permitted to enter the room; for stir and confusion, or even a multiplicity of objects, always distracts the patient. No glaring light should be allowed in the cham-

ber. The patient should be encouraged to quench his thirst by copious draughts of cold water. He should also take one glob. of Pulsatilla 30, night and morning. Beyond the observance of these directions, nothing will be necessary to conduct the patient safely through his illness. The only point that requires attention is the diet. At the commencement of the fever the appetite will be almost entirely absent, and therefore no food need be given; but after a shorter or longer period the appetite will return, and then nourishment carefully regulated, both as to quantity and quality, should be exhibited. At first, light articles, such as arrow-root, animal or vegetable jellies, dry toast, &c., will be proper; afterwards, well-boiled chicken, rabbit, or tender mutton, and such-like, will become necessary.

Measles, in its severe inflammatory type, demands a more active treatment. When the skin is exceedingly hot and dry, the pulse rapid and hard, the half wet sheet packing may be resorted to. The child should be enveloped for half an hour, then unpacked, wiped over with water of the temperature of 70° or 65° F., and allowed to lie quietly in bed. If the fever should reappear in the evening, the same process may be repeated. If the child should get very hot in the first packing in the space of a quarter of an hour, he may be unpacked at the expiration of that period, and repacked for a second quarter of an hour, when he is to be taken out of the blankets, wiped down, and left quiet in bed.

As soon as the fever is subdued, the further application of the wet sheet is inadmissible. The most

that may be done is to administer, once a day, the pail douche of two pails, or the wet rubbing towels, for at least a week. After this period, a tonic plan of treatment should be adopted, varied according to circumstances.

In the inflammatory form of measles, when it is judged that the child's weakness, or incipient congestion of the lungs, or any other circumstance, forbids the employment of the wet sheet packing, then we must resort to the homœopathic remedies of Aconite, Belladonna, Bryonia, &c. We may first prescribe Aconite 30, glob. j. every hour and half, until the pulse becomes slower, or the general oppression less, or the skin appears moist. This effect having been produced, if the pulse still remain somewhat above the natural standard, and the fever be only abated, not subdued, we may administer Belladonna 30 and Pulsatilla 30, of each glob. j. every hour and half. If the fever be subdued, we may omit the Belladonna, giving Pulsatilla alone.

The adynamic type of measles is a very dangerous state, and requires, for its successful treatment, great care and judgment. In these cases, when the rash has a tendency to recede, the following method is recommended by the late Dr. Weiss, a practitioner of considerable experience and natural talent: "If we observe but the slightest symptom indicative of recession, we must, without delay, resort to cold affusion, to be continued half a minute or a minute; or must plunge the patient three or four times into cold water. The more evident the coldness of the surface, the more

speedily should we proceed to the use of the plunging bath. Pallor and coldness of the skin must be our guide for the repetition of this proceeding; if the skin remain long in this condition, the shock should be persevered in at the shortest possible intervals, until the skin is again excited to reaction. This being done, affusion is not to be repeated until its beneficial influence has ceased, which will generally be in six, eight, or twelve hours. If our object be accomplished—if the patient be placed in a more comfortable condition, and the skin show more inclination to action than before the recession of the rash—if, further, all the functions be regularly performed, we may leave nature to complete the cure, provided there is no relapse: we must, however, regulate the diet, and maintain an equal temperature in the sick room. Affusion is in this case preferable to the envelopment (in wet sheets); its action is more quick and certain; by it, alone, we succeed, at times, in reviving the sinking nervous influence, and in preventing certain death." This, it is evident, is an exceedingly bold treatment, and I am not prepared to deny its efficacy in many cases; but it will frequently fail, and where it does so fail, in all likelihood it will aggravate the condition of the patient.

Homœopathically we may exhibit Sulphur 30, and Bryonia 30, of each one glob. in alternation, every two hours.

The typhous type of measles requires treatment different from that appropriate to the inflammatory and congestive forms. In the typhous condition, when the pulse is small, feeble, and rapid, the skin dry and

harsh, the tongue brown and tremulous, the intellect obscured, very little must be done with water. It may be proper to wash the whole body rapidly with water of the temperature of 70° F., *the patient remaining carefully covered by the bed-clothes*; or it may be advisable, in *some cases*, to employ the wet sheet packing for 5, 10, or 15 minutes. But our sheet anchor in this stage of the disease must be the liberal administration of wine and brandy, together with strong animal broths, &c. In conjunction with these measures, or solely, in less urgent cases, we should exhibit Arsenicum or other homœopathic remedies.

The debility experienced during the decline of the fever is to be met by the administration of China, Ferrum, &c.; and as soon as the patient is clear of the disease, he should immediately commence a course of hydropathic treatment, with the object of bringing his health and strength up to the standard, and of eradicating all latent evils from his system.

#### *Case.*

Master K——, aged three years, was seen at eight o'clock, Aug. 7, 1856. He was in a state of high fever; pulse rapid, skin hot, bowels confined. During the night had been delirious and suffered from shooting pains in the head. There existed no eruption; but, as one or two of his brothers had just had measles, this affection was suspected in his case also. He was immediately packed for 30 m., and afterwards put into a cold shallow bath for one minute, it being hot summer weather.

This bath relieved the fever very much. The same treatment was repeated mid-day and afternoon.

August 8.—Has been again delirious in the night ; pains in the head better ; bowels still confined. Continue treatment :—Cuprum 30, glob. iij. in half a tumbler of water ; take one teaspoonful. This was in order to forward the eruption. Aconite to be taken, if necessary.

August 9.—Measles have appeared on the face—pulse down—skin moist. Take Pulsatilla 30, glob. iij. in half a tumbler of water ; one teaspoonful night and morning. The measles came well out, and the child recovered easily and without a bad symptom.

#### DISORDERS LEFT BEHIND BY MEASLES.

##### *Inflammation of Eyes and Face—Cough.*

*Case.* Mary Townsend, brought to me June 18, 1851, aged 2½ years. Three months back had measles, which have left her with a cough, attended with much expectoration ; face and eyes swollen, red, and inflamed as in erysipelas ; there is inflammation of the eye itself, as well as of the lids. Bowels act, but the motions are very offensive. I gave her 5 grains of Rhubarb, with 2 grains of Carbonate of Magnesia, in a powder, to be taken immediately, and afterwards 1 gr. of Rhubarb, with 1 gr. of Carbonate of Magnesia, in a powder, to be taken twice a day for three or four days. At that time I had not altogether embraced homœopathy. I also

ordered the wet towel rubbing twice a day. By July 10th she had greatly improved, and a long round worm had passed from her. The state of the bowels had much improved. July 17.—To take wet towel rubbing for five minutes twice a day: this process made her perspire a good deal. She continued it for about a fortnight and got quite well. The cough disappeared, the inflammation of the eyes and face vanished, and she got stout and strong.

*Cough after Measles.*

*Case.* Elizabeth Townsend, aged 9, had measles 3 months since, which left behind a troublesome cough. June 18, 1851.—Ordered dripping sheet twice a day. By July 10th the cough had entirely disappeared, and the child had gained considerably in flesh and general health.

*Inflamed Eyes and Nose after Measles.*

*Case.* John Townsend, aged a little more than 2 years. Three months back had measles, which left behind inflammation of the eyes. There is now (June 25, 1851) considerable inflammation of both eyes, particularly of the left. The inflammation has encroached upon the corneæ, which are partially opaque, and in the left corner there is a cone of injected vessels running from the centre to the circumference; there is also inflammation of and running from the nose. Ordered pail douche three times a day. August 14.—Very much improved on the whole; but there has been but little advance this last week. Ordered to continue treatment;

but to take in addition the blanket sweating three times a week. August 21.—Considerably improved; but running at nose remains. August 28.—Wet sheet pack half an hour, followed by dripping sheet in the morning, pail douche in the afternoon. By this treatment the inflammation both of the eyes and nose was entirely cured. The child grew stout and strong under the treatment.

#### SCARLATINA—SCARLET FEVER.

Redness and soreness of the throat, stiffness of the neck, and a peculiar appearance of the tongue, accompanied by the symptoms of fever, are the marks which, during this period, generally enable us to foresee that the coming eruption will be that of scarlet fever. On the second day of the fever the peculiar bright-red eruption appears, beginning on the face, neck, and breasts, in a number of minute points; and afterwards extending to the extremities. The redness is deeper in the bend of the joints than elsewhere. The eruption stands out three or four days; it then begins to pale, and is generally quite gone by the seventh day. Then the scarf skin peels off in large flakes—so much so that sometimes a more or less perfect glove, or slipper, is cast off.

The disease varies greatly in intensity. It may be so trivial as scarcely to inconvenience the patient; or it may be fatal in a few days.

The state of the throat must be carefully watched. In mild cases it will be observed to be marked by diffused redness of a dark claret colour. This state of

inflammation, however, is sometimes concealed by the white creamy exudation which covers the mucous membrane. In more severe cases, when this exudation is removed, small ulcers are visible. In the worst cases the throat becomes foul and sloughy; an acrid discharge issues from the nostrils, which are so swollen as to interfere with respiration. Purging and diarrhœa frequently accompany these symptoms. The pulse is frequent and feeble; the tongue dry, brown, and tremulous; and the debility excessive. Death occurs about the fifth day. In what is termed malignant scarlet fever, the eruption, when it appears at all, is livid, partial, and early suppressed. The pulse is feeble; the skin cold; the powers of life seem suddenly annihilated.

#### *Treatment.*

Many years ago it was asserted by Hahnemann that, during an epidemic of scarlatina, it is possible to protect those yet unattacked from the disease by the administration of small doses of Belladonna. This assertion, although even at the present day denied and ridiculed by the medical profession generally, has received such corroboration from many candid inquirers, that I believe it to be the clear duty of every practitioner to give a fair trial to the plan, under appropriate circumstances. The following table, which, with the exception of the names of Drs. Stievenart and Irwin, is extracted from the first volume of the *British Journal of Homœopathy*, will place the matter in its just light.

AUTHORS WHO HAVE GIVEN BELLADONNA.	PERSONS WHO TOOK BELLA- DONNA.	NUMBER OF PER- SONS PRESERVED FROM SCARLA- TINA.	NUMBER OF PER- SONS ATTACKED.
Schenk . . .	525	522	3
Rhodius . . .	7	7	0
Masius . . .	5	5	0
Gumpert . . .	84	82	2
Berndt . . .	195	181	14
Behr . . .	47	41	6
Kohler . . .	7	6	1
Wolf . . .	132	126	6
Schenk . . .	3	3	0
Benedik . . .	10	10	0
Zeuch . . .	61	60	1
Kuntsman . . .	70	69	1
Genecki . . .	94	86	8
Maisier . . .	170	170	0
	70	66	4
	300	280	20
Velsen . . .	247	234	13
Randhaken . . .	160	160	0
Oppenheim . . .	1200	1188	12
Block . . .	270	270	0
Cramer . . .	90	90	0
Stievenart . . .	200	200	0
Irwin . . .	250	244	6
	<hr/> 4197	<hr/> 4100	<hr/> 97

Dr. Irwin's experience was acquired in an epidemic which occurred in South Carolina. "Three grains of the extract were dissolved in one ounce of cinnamon water, and two or three drops of the solution were given morning and night to a child under one year old, and one drop more for every year above that age. The quantity of Belladonna exhibited at each dose would therefore vary from 1-80th of a grain upwards, according to the age of the child. Of 250 children who took the Belladonna, less than half a dozen had the disease, and but very mildly. After eight or ten days' use of the medicine, there occurred an eruption over most of the surface, in some cases profuse and troublesome from itching. *Those families who did not take the preparation had the disease, with scarce an exception.*"

The dose employed by the Gumperts was about a teaspoonful, morning and evening, of a solution of one grain of extract of Belladonna, in four ounces of orange water, and one of alcohol; consequently the quantity of Belladonna taken at each dose would be about 1-40th of a grain.

The general treatment of a case of scarlet fever resembles that described as appropriate for measles: only the specific remedy for scarlet fever is Belladonna, as that for measles is Pulsatilla. In the case, therefore, of simple scarlatina, observe the directions given for a mild case of measles, but give Belladonna 30, glob. j. every eight hours, instead of the Pulsatilla.

As regards the inflammatory and adynamic and typhous forms of scarlet fever, the same rules should be observed as to the application of the wet-sheet

packing, cold affusion, the plunge bath, heating applications, use of wine, brandy, and animal broths, and administration of Aconite, Arsenicum, &c., as have been laid down in the article on Measles.

If, after a few doses of Belladonna, the affection of the throat, instead of subsiding, increase, or there appear an increased formation of mucus or saliva, with swelling of the neck, give Mercurius 30, glob. j. every two hours, in alternation with the Belladonna. Lachesis, Nux Vomica, Pulsatilla, &c., may be useful in further advanced conditions of the throat.

*Case.*

“Ewanville, Huyton, Prescott.

“MY DEAR DR. JOHNSON,

Knowing your work on the ‘Treatment of Children,’ &c., is in preparation, it occurs to me my first case in hydropathy might be an encouragement to some timid mother. If you agree, by all means insert it, as I feel the *greatest desire* to see the day when mothers shall train up all children on strict hydropathic principles, and be enabled when disease appears to take the ‘stitch in time’ so important in all things.

“My eldest boy, Robert, 12 years old, manifested strong symptoms of scarlet fever, on my return from Malvern, January last. He had sore throat, head-ache, and looked full of cold. The next day being Sunday, and I fatigued with my journey, I did nothing. He lay on the drawing-room sofa, very feverish and drowsy; pulse 110; tongue coated. When he went to bed I per-

ceived a slight redness on the neck and chest. I put wet compress on his throat, and gave him Belladonna. He awoke during the night with delirious crying, but went to sleep again. Being convinced he had scarlet fever, I treated him on Monday and the two following days as follows:—

“At 11 a. m. wet sheet packing 40 min., followed by pail douche, one pail at 65°; rubbed him quickly dry in sheet, and put him into bed, with a small crib blanket round him, to prevent chill from the sheets.

“He had rice pudding for dinner, and cold water when thirsty. He got up each evening and came downstairs; during which time his bed-room, bed, and night clothes were *thoroughly* aired. On going to bed, I rubbed him with wet towel quickly, keeping a blanket round him during the operation; gave him Belladonna each night and morning, and wetted the compress as it dried. He gradually improved. On Wednesday his throat, chest, and body were a mass of small pimples, with heads of matter, so that I fancied for a moment he must be going to have small-pox. Reflection, however, convinced me it could not be, from the fever, &c., being so much abated; so I knew it must be the result of the pack, drawing all unwholesome substance to the surface.

“Thursday the redness had died away; fever gone; tongue almost clean. I gave him wet rubbing towels, 65°, instead of pack, and, after dressing him quickly and putting on his overcoat, sent him out for a brisk walk until warm. This he continued some weeks. I now considered him well, though I was careful for some

time about his *playing* out, it being winter and the weather severe.

"All through his attack there was no fire in his room, and the door was wide open. We all went about him, and no one took it.

"In March my little girl, 10 years old, complained of sore throat, &c.; but a wet compress and Belladonna set her right. She was not feverish.

"Harry, 6 years old, also had sore throat and was rather hot. I treated him in same way. In the night he awoke, crying as Robert. I took him to me, and he was hot and restless all night; he ate very little breakfast, and dozed off again. About ten I rubbed him all over *in bed* with a wet towel, and he had then a refreshing short sleep; pulse continuing 110 to 120, at 12 I packed him for 15 min., and gave him immediately after pail douche. He then had a sleep and slight moisture. He ate well of rice pudding. At 3.30 he wished to get up, and I let him. On going to bed I rubbed him with wet towel, gave Belladonna, and put wet compress on the throat. He had a good night, and next morning he was in my room at 7.30 dressed. When I said, "What are you doing up?" he replied, "Oh, I'm first rate." He had cold rubbing night and morning for weeks. His skin all peeled off, as his brother's had done, though in a less degree; which made me conclude his had been a slight attack. Perhaps had it been left, as his brother's was, a week and more before I came home, he might have had it more severely.

"I never saw scarlet fever before, but have, as you

may suppose, the *highest* opinion of hydropathy in the treatment of it. Of course, I saw everything done myself, and was very careful no chill should arise from want of promptness in my proceedings. Should this meet any eye through your pages anxious to know more *in detail* how I managed, I shall be most happy to answer any questions, my address being to this note.

"I have derived such benefit from 'the water cure' under your care, I only desire I could persuade all ailing persons to try its effects.

"With sincere regard,

Believe me your true friend,

MARY MOORE."

#### SMALL-POX.

The symptoms of the premonitory fever run as follows : shivering, followed by heat and dryness of skin; hard, quick, bounding pulse; pain in the pit of the stomach, with pain in the back; sickness and vomiting; severe head-ache. This fever, having endured two days, subsides in violence, and the peculiar eruption begins to appear. Red spots appear, first on the face, then on the neck and wrists and trunk of the body; and lastly upon the lower extremities, and upon this reddened surface rise up numerous minute watery bladders, which as they become larger are filled with matter, and are called pustules. On the eighth day of the eruption the pustules begin to burst and scab over.

When this scab falls off, it leaves behind it either a purplish stain, or a small pit, termed a pock-mark.

Sometimes every pustule is *distinct and separate* from its neighbour—a most important circumstance. Such cases are called *discrete* small-pox, and generally do well under judicious treatment. But often the pustules are so numerous that there is not room for them on the surface, and they *coalesce*. These are called cases of *confluent* small-pox, and are dangerous in the highest degree.

#### *Treatment.*

What has been said under the head of Measles, concerning the treatment of the milder form, of the inflammatory, adynamic, and typhous types, of the recession of the eruption, of the administration of wine, brandy, animal broths, &c., and of the hydropathic treatment, applies also to small-pox. But the specific remedy against small-pox is *Thuja Occidentalis*.

In a simple case of small-pox, if in the early stage there be manifest, without much fever, a good deal of restlessness, want of sleep, nervous excitement, give two doses of *Coffea 30*, glob. j. every four hours.

If this do not suffice, give two doses, in the same way, of *Belladonna 30*.

When there is considerable fever, *Aconite* is indicated, as recommended under the head of Measles.

Tightness and oppression of the chest, with nausea or vomiting, indicate *Ipecacuanha*, *Bryonia*, or *Antimonium Tart*. If constipation exist with these symptoms, give *Bryonia 30*, glob. j. every two hours; if

purging, Ipecacuanha 30, glob. j. every two hours; if considerable prostration of strength, with hollow cough, and loud mucous rattling in the chest, give Antimonium Tart. 30, glob. j. every hour and half.

If inflammation of the substance of the lungs be developed, give Phosphorus 30, glob. j. every hour, if necessary.

Inflammation of the eyes, nose, mouth, or face, generally indicates Mercurius.

Diarrhœa indicates Chamomilla, &c.

In the worst stages, Opium, Arsenic, Rhus, &c., become useful.

#### VACCINATION.

The practice of vaccination, which had continually grown in public estimation until at length it was *enforced* by the legislature upon all infants, is now again subjected to reconsideration by practical and scientific men. It cannot be denied that the advocates of vaccination do generally claim for it greater virtues than it can be proved to possess. For it does *not* afford certain immunity from small-pox; neither when a vaccinated person is attacked with small-pox, is this small-pox always of a mild and modified character. On the contrary, the records of the Registrar-General show that many who have been vaccinated contract small-pox, and die of that disease. In addition, it is clear that the process of vaccination itself is not unattended with risk. I have known two children suffer for from two to three years from eruptions produced

by vaccination. These children were cured by the water treatment. I also know a family of children in whom all of their toe and finger nails came off as a consequence of vaccination. Nor was there reason to believe that the lymph with which these children were vaccinated was impure; for it was the same as that with which many others in the same district were, the operation being performed by the parish surgeon. However, the question cannot, I think, as yet be considered as decided either in favour of or against the propriety of vaccination. Perhaps in great towns, where the children of the poor cannot be protected against the invasion of small-pox by proper hygienic means, combined with hydropathic and homœopathic treatment, nor be properly treated by the same systems when attacked, it is better to continue the practice of vaccination. The advisability of vaccination is more questionable in the case of persons whose means and convictions enable them to secure the above-mentioned advantages. In any case it is most important that the lymph employed should be taken from *healthy children*; for there is every reason to believe that bad diseases, as scrofula, &c., are propagated to an alarming extent by the present indiscriminate mode of vaccination.

The following is the description given by Dr. Watson of the true vaccine vesicle :—

“On the second or third day after the insertion of the vaccine matter into the arm, the punctures look red and inflamed; and on the fourth or fifth day the vesicle becomes perceptible—a pearl-coloured eleva-

tion of the cuticle enclosing a minute quantity of a thin transparent liquid. It gradually increases in magnitude till the 8th day, when it should measure from a  $\frac{1}{4}$  to  $\frac{1}{2}$  an inch across. Like the pustule of small-pox, it is more prominent at its circumference than at its centre, and it consists of small cells from ten to fourteen in number. By puncturing carefully one of these cells a drop of the virus may be let out, the other cells remaining full. Up to the seventh or eighth, or even to the beginning of the ninth day, the inflammation around the vesicle should extend to only a very small distance from it. After this it spreads, and what is called the *areola* is formed — a circular red border which continues to increase during the ninth and tenth days, and begins to fade on the eleventh, passing through shades of blue as it declines, and leaving a degree of hardness behind for two or three days more. By this time a brown or mahogany-coloured crust has formed over the vesicle, of a nearly circular shape; this become gradually harder and darker, and finally detaches itself about the twentieth day. The cicatrice which it leaves should be somewhat less than  $\frac{1}{2}$  an inch broad, circular, slightly depressed, marked by radiating lines, and dotted with little pits which seem to correspond to the sides of the vesicle. About the eighth day there is usually some slight febrile excitement manifested, which soon subsides. This is analogous to the secondary fever of small-pox, and it appears to furnish the condition of the desired protection. Of course it is of much moment to determine whether the cow-pox has run its proper course or

not; and it is not always easy to say how far the progress of the vesicle may deviate from that which has just been described, without failing of its protecting influence. A very ingenious *test* of this, free from all ambiguity, has been devised by Mr. Bryce. His plan is this: He vaccinates the other arm or some other part of the body four or five days after the first vaccination. If the constitution has been properly affected by the first operation, the inflammation of the second vesicle will proceed so much more rapidly than usual, that it will be at its height, and will decline and disappear, as early as that of the first; only the vesicle and its areola will be smaller. In fact, from the time of the formation of the areola, the second vesicle is an exact miniature of the first. If the system has not been duly influenced by the first vesicle, the second will run its own course, increasing up to its eighth day, and so on. Should this be the case, the second vesicle should be tested by a third."

Upon recovery from the vaccine fever, it is advisable to exhibit a globule of Sulphur 30, in a little water, twice a week in the morning for a fortnight. If the fever should run high, it may be combated by Aconite and Belladonna, as in the treatment of small-pox itself. Resulting ill consequences, as eruptions, demand a gentle course of water treatment and homœopathic suitable remedies.

#### ERYSIPELAS

Is an acute febrile disease, marked by the local outbreak of a peculiar eruption. The spot affected is red, swollen,

not so much painful as hot and burning, and itching or tingling. It spreads by degrees; and, as it spreads, the fever increases; and if the face be the seat of the eruption, the fever rises sometimes to an alarming height, and delirium and sometimes dangerous diarrhœa sets in.

In the early stage, packing is frequently useful to reduce the pulse and heat of skin. The half-pack for 20 min., followed by the pail douche or wet rubbing towels, will often produce a magical effect. It may be repeated after an interval of some hours, if the quickness of pulse and heat of skin return. The temperature of the water should be between 60° F. and 70° F.

Compresses to the head in delirium, and in diarrhœa the sitz bath, temp. 70° F., for 5 min. after each motion, and then the abdominal compress, will be found useful. Injections of water, temp. 60° or 65°, will often do good in diarrhœa.

At the onset of the disease, dissolve one globule of Aconite 30 in half a tumbler of water, and give one teaspoonful every half-hour, until the quickness of the pulse and the heat of skin are abated. Then give Belladonna in the same way, but at intervals of two or three hours. If the packing be employed, the Belladonna may be commenced in the first instance, instead of the Aconite.

In bad cases, where there is *great* prostration of strength and the patient is becoming typhoid, Arsenicum is required, given like the Aconite.

For the diarrhœa give Chamomilla 30, one glob. in half a tumbler of water; one teaspoonful after each

action of the bowels. The eruption may be powdered over with fine starch. This will allay the itching.

Convalescence should be promoted by gentle tonic treatment. See chapter on Hydropathic Tonic Treatment.

*Case.*

"East Hoathly, near Hurst Green, Sussex,  
20th Sept. 1844.

"MY DEAR SIR,

Agreeably to your request, I forward you the particulars of my boy's case.

"Monday.—Face somewhat red, but in apparent good health.

"Evening.—Restless night.

"Tuesday morning.—Face very red and considerably swollen, so that he could not see out of his eyes; skin hot and dry, but little fever. I immediately put him in a wet sheet, with two good blankets over, for one hour and a half. Pulse tranquil, skin cool; he went to sleep in the sheet.

"Evening.—Pulse increased, skin hot and dry, the face very red. Another wet sheet at bed-time for 1½ hour; rapid spunging. Skin cool, pulse lowered: went to sleep afterwards, but a restless night.

"Wednesday morning.—Face and neck were swollen, rather more fever, but not much worse; but, *considered on the whole, symptoms better*. Did not like the responsibility: called in Mr. H——. A dose of calomel and rhubarb—saline and sudorific mixture.

"Wednesday evening.—*No better*; a very restless night.

"Thursday morning.—Neck more swollen: wished to try the wet sheet, which I did at a pulse of 112 for one hour; pulse lowered to 96; skin cool; rapid spunging; went to sleep in the sheet.

"Evening.—Could see a little; skin hot and dry, pulse 110. Wet sheet; kept him awake; rapid spunging: skin cooler, and pulse lowered. Passed a better night.

"Friday.—Swelling subsiding; could see; skin still hot and dry. Wet sheet one hour, and castor oil: pulse sank, skin cooler; on the whole, better. A moisture on the skin in the afternoon; did not consider it necessary to use the sheet: a good night.

"Saturday morning.—Considerably better: skin moist, pulse a little quick. Two teaspoonfuls of oil again; no more sheets: still in bed.

"Sunday.—Still improving; got up to dinner: good night.

"Monday.—Considered well; got up to breakfast with other children, and went out for the air.

"Tuesday.—Going on well.

"Wednesday.—Quite convalescent, except the face and neck; the skin a little rough.

"Yours faithfully,

J. J. ROBINSON."

(*Principles of Hydropathy. Dr. E. Johnson.*)

#### COMMON CONTINUED FEVER.

For two or three days before the fever decidedly shows itself, the patient begins to droop. He is pale,

languid, feeble, and unwilling to exert himself. His appetite is gone, his tongue white and inclined to tremble; his bowels are irregular; he has uneasiness or wandering pains in various parts of his body. Occasionally there is some giddiness, drowsiness perhaps during the day, and unsound, unrefreshing sleep at night. His friends observe that he looks ill.

The onset of the fever is very frequently marked by a shivering fit. Severe head-ache, or heaviness of the head and giddiness, is generally present at this period; and sometimes diarrhœa sets in. One may also observe what is called "febrile oppression," that is to say, the expression of the face is dull and heavy, absent, puzzled, and there is great inaptitude for exertion of the power of thought or of motion. In the first stage of the disease, the pulse becomes frequent; there is increased heat of skin, with dryness and thirst, head-ache, and throbbing of the temples. The tongue is clammy or dry; sometimes it is clean and smooth, but more often furred; its edges and tip will perhaps be red, then a white fur will begin, which either covers the central part of the tongue, or is divided by a straight brown streak, which occupies its middle portion. This brown streak is often the first step to dryness and blackness of the tongue. A careful examination of the belly will often detect indications of disease there. The abdomen will be unnaturally hard and resisting on pressure, which causes uneasiness, particularly above the right groin. The stools are for the most part loose and frequent, and either of a dark colour and fetid, or of a yellow-ochre appearance, like

pea-soup somewhat. The chest is generally also affected, as manifested by quickness of respiration, &c. The aspect of the patient expresses apathy and indifference. He lies on his back, motionless; he sleeps but little, waking often. Sometimes even during the first stage of the disorder, when the bowels are relaxed, the prostration of strength is so great, or the tendency to stupor and indifference so marked, that the stools are passed under him as he lies in bed, without any endeavour on his part to prevent it. The urine is scanty and high-coloured.

Towards the end of seven or eight days the pulse usually becomes more frequent and weaker; the tongue grows drier and browner; more sordes, and of a darker colour, accumulate on the lips and teeth; and it is at this period that delirium is most apt to ensue, and that small rosy blotches (the characteristic eruption of this fever) begin to come out over the body, particularly the abdomen and chest. The patient sinks down on the bed from muscular weakness; the voice becomes feeble, and perhaps the power of swallowing is lost. In bad cases there are little convulsive startings of the tendons. The character of the evacuations remains the same, and is almost distinctive of the disease—thin, yellowish, ochry, like pea-soup. When in fever such stools persist day after day, and several of them every day, there is every reason to fear that ulceration of the bowels exists, more particularly if blood is poured out by the bowels.

Towards the end of the second week the patient begins to recover, or the fatal symptoms declare them-

selves decidedly. The stupor deepens, the pulse gets weaker and thread-like, the extremities become cold, and death ensues.

*Treatment.*

The first point to be observed in the treatment of fever is to place the patient in a clean, well-ventilated, dry, and large apartment—removed from all smells and noxious emanations. Only one patient should occupy one room. The greatest attention should be paid to cleanliness. The linen should be perfectly fresh and sweet. The patient's evacuations should be taken away as soon as passed. The situation of the bed is of some importance: it ought not to be between the door and window, not exposed to draughts; because, although the patient is benefited by air, when diffused equally, yet a current directed upon the body is apt to excite inflammation of the chest, in this susceptible state of the system. The room should be kept cool; but in winter, when the season is severe, a *small* fire may be lighted, and the general temperature of the apartment maintained at about 60° F.

The patient's appetite being lost in the commencement of the disease, it is better for him to abstain from food; but as the debility becomes marked, it will usually be necessary to sustain his strength by strong broths, beef-tea, essence of meat, jellies, &c.; and in very many cases it is necessary to give wine, either by itself, and that pretty freely, or beat up with an egg, or in arrowroot, &c. The judicious administration of wine is a cardinal point in the treatment of fever, particularly

in fever of a low type, to persons residing in large towns, whose systems have been debilitated by their mode of life, or by previous diseases, &c. It should be given as soon as debility shows itself. Many patients have been lost by too long waiting. In the earlier stages, where there is much thirst, the patient may be permitted to drink freely of cold water; and this is the best drink that he can take.

I would here enter a caution against the employment of purgative medicines. There exists in this disease a great tendency to inflammation of the bowels, and if a purgative be unthinkingly given, it very frequently immediately calls the latent disposition into activity, and greatly aggravates the patient's danger.

The hydropathic treatment is best adapted to the early stages. The premonitory symptoms may be treated by damp towel friction of the trunk of the body, followed by dry rubbing; but the patient should not take exercise afterwards, if he feel very ill: if he be only slightly ill, he may take exercise afterwards. This application may check the development of further symptoms. On the supervention of the fever, as indicated by quick pulse, dry hot skin, restlessness, &c., the patient should be packed. The application of this process requires judgment; for the whole packing, or packing only of the trunk, or even of the abdomen merely, should be adopted, according to the reactive power of the patient. Strong children, and particularly those who have been habituated to the water treatment, do better with the packing than thin, feeble, nervous children. The higher the fever, however, the more

certain is the packing to do good. The temperature of the water will vary from 60° F. to 70° F. The length of the packing will also vary from 5, 10, 15 minutes to half an hour, according to the rapidity with which heat is generated. The more quickly this happens, the shorter should be the duration of the packing. After the packing, the body should be rapidly wiped over with a damp towel, and rubbed dry. In pretty robust children, or where the fever is very strong, after the packing, the wet towel rubbing or pail douche (temperature of water from 60° F. to 70° F.) is administered. These processes are resorted to once, twice, or more frequently in the day, as required. In the later stages of the disease, when the temperature is cool, the pulse low, &c., the water treatment is inapplicable.

Compresses to the head, chest, or abdomen should be applied, subject to the same rules as the packing. The greater the heat and dryness, the more good they will do.

During the period of recovery, convalescence may be hastened by a gentle tonic treatment, administered as described in the chapter on Tonic Treatment, and consisting chiefly of wet towel rubbings, pail douches, or shallow baths.

The early stage of fever requires Aconite and Belladonna, given in alternation, until the frequency of the pulse is subdued. Dissolve one glob. of each in half a tumbler of water separately, and give one teaspoonful in alternation every hour, or more frequently, if the fever is very threatening.

After these medicines, Bryonia and Rhus T. may be given in the same way, but at more distant intervals; and, according to Dr. C. Hering, "under their administration the disease will in most cases be brought to a successful termination." But in the worst cases Arsenicum, or Arsenicum in alternation with Carbo Veg., administered in the same way, will be required. They are indicated by the approach of general collapse.

Other medicines will frequently be necessary; but as, in a disease of this nature, the case will almost certainly be intrusted to a medical man, he will have to use his skill and judgment in selecting those which are appropriate to the circumstances.

#### CHICKEN POX—SWINE POX.

From four days to a week after exposure to the contagion of this disease, the characteristic eruption appears. Previously to its appearance, the child sometimes complains of languor and feverishness, and rheumatic pains. His tongue is furred, and he has a slight soreness of throat. Frequently, however, there is no disturbance of the general health at all. A general rash over the body, or a few red patches here and there, upon which rise simple vesicles filled with a clear fluid, as if the skin had been blistered by boiling water, constitute the eruption. It usually begins on the breast and back, then on the face and scalp, and lastly on the extremities; and it appears in successive crops for a few days, the old ones dying away while the new ones are forming. The itching and tin-

gling cause the child to rub off the heads of the vesicles, and the exposed surface becomes inflamed and sore. After twenty-four hours the vesicles turn milky, and then opaque, and by degrees they dry and form small scabs. After a few days the scabs fall off, and the disease disappears frequently within a fortnight from its commencement. The complaint is not usually attended with fever nor general disturbance.

It is both contagious and epidemic.

#### *Treatment.*

The chief remedy in this complaint is the packing, followed by the tepid bath. If there be much fever, the packing should be short, and repeated once or twice, or oftener, until the fever is subdued. If there be much, fever only put one or two blankets over the sheet; if the fever be less, put on more blankets and keep the patient longer in the pack. The length of the packing will vary between ten minutes and thirty or forty minutes. After this, use either the tepid affusion, tepid rubbing towels, or tepid shallow, according to the constitution of the child. If the child be nervous and frightened, use the rubbing towels; if he be pretty strong, use the affusion; if he be robust and used to the treatment, use the shallow bath one or two minutes, or longer. Dry him well on removing him from the bath, and put him to bed. If there be much burning and tingling, put on wet compresses, where required.

When the hydropathic treatment is not employed, if there be much fever give Aconite 30, thus:—dis-

solve one globule in half a tumbler of water, and give a teaspoonful every two hours, until the fever is abated. If there be head-ache, flushing of the face, &c., indicative of determination to the head, give Belladonna 30, in the same way. But otherwise, dissolve Mercurius Vivus 30, glob. j. in half a tumbler of water, and give one teaspoonful three times a day.

If the eruption put on a scabby pustular character, give instead Antimonium Crud. 30, in the same way. Plain moderate diet, without stimulants, is best.

#### RHEUMATISM AND INFLAMMATION OF THE HEART.

Acute rheumatism is most common between the ages of puberty and thirty-five or forty; but it is by no means uncommon in even very young children: and what makes it particularly hazardous is the fact, that when it attacks children it is usually complicated with inflammation of the heart. "With perhaps one exception," says Dr. Watson, "I never knew the disease occur in an unequivocal form before puberty, without its being attended with inflammation of the lining or investing membranes of the heart." Acute rheumatism consists in redness, heat, pain, and swelling (that is to say, inflammation) of one or more of the larger joints; generally of several at the same time, or in succession; with a disposition to shift from one joint to another, or to certain internal organs; and with fever. The tongue is furred; the pulse is round, full, and bounding; profuse acid perspirations break out; the

urine is high coloured, and deposits a copious sediment, like brick-dust.

If the disease goes on unchecked, and the heart inflames, the following symptoms arise :—There is a peculiar expression of distress in the countenance ; palpitation of the heart ; a sense of oppression and anxiety at the pit of the stomach ; a catch in the breathing ; dry cough ; discomfort in lying on the left side ; pain in the heart, increased by a full breath or by pushing upon or below the ribs upwards ; stiffness and pain about the left shoulder, extending down the left arm. There is also sometimes delirium. There are, in addition, certain peculiar sounds heard on applying the ear to the chest.

But children are subject to an insidious form of rheumatism, which exhibits none of the striking symptoms above described. They complain of shifting pains ; but as these pains are unaccompanied by any alteration in the visible condition of the painful parts, parents either call them growing pains, or consider that the child is deceiving them. Nevertheless, these are true rheumatic pains, although there is no appearance of inflammation nor of fever ; and the proof lies in the fact, that if they are neglected the heart is apt to inflame, as in the well-marked form of acute rheumatism or rheumatic gout. The fact is, there is no such thing as a growing pain. It is altogether a most mischievous error to suppose that there can be anything painful in the healthy growth of childhood. Wherever pain exists, there is disorder.

*Causes.*

As predisposing causes, may be enumerated all those things which depress the vitality of the body. Insufficient food, improper food, insufficient clothing, insufficient sleep, over work, anxiety, exposure to damp and cold, ill-ventilated apartments,—malaria from unwholesome places, as fens or ill-drained alleys,—frequent intoxication, sensual indulgences, chronic maladies,—in fact, everything that breaks up the constitution predisposes to rheumatism. Hence the poor are more subject to rheumatism than the well-to-do. The exciting cause is usually exposure to damp and cold. It is an hereditary disease.

*Treatment.*

In acute rheumatism, the joints affected should be wrapped in compresses, which ought to be renewed as soon as they become hot.

The general fever may be combated by washing the body all over with towels dipped in water of the temperature of 65° F. to 70° F., and partially wrung out twice or thrice a day in the case of very delicate children. Those who are tolerably robust may be packed in the damp sheet for 15 or 20 min., once, twice, or more frequently in the day, and afterwards rubbed with towels in a shallow bath, water temp. 65° F. to 70° F., for one or two minutes. If there be a doubt about the propriety of packing in any case, the shallow bath may be given alone. As the violence of the fever and in-

flammation subsides, the temperature of the water may be lowered so as to produce a tonic instead of a sedative effect. Should inflammation of the heart exist when the treatment is begun, or afterwards supervene, it will in most cases be better to omit packing and the shallow bath, and to employ only the mildest measures, as tepid spunging or washing of the body, as the patient lies in bed; or to use friction of the chest, with the hand dipped in cold water.

When hydropathic treatment is not adopted, Aconite is the first remedy. Three or four globules may be dissolved in a tumbler of water, and a teaspoonful may be given every two or three hours, until the fever subsides. If there be much local inflammation, Belladonna may be given in alternation with the Aconite, in the same way; otherwise it should be given *after* the Aconite. When the water treatment is adopted, Belladonna may be the first remedy, particularly if the joints are much inflamed.

Bryonia is a remedy very generally useful, when the pains are of a shooting, tearing, or stretching and moveable character. When there is a red and shining swelling and rigidity about the joint. There may be either perspiration or coldness and shivering, heat of head, and disorder of stomach.

Chamomilla, when the pain is drawing or tearing. When the joint is numb or weak. When there is partial heat, preceded by shivering; hot perspiration; great agitation and tossing.

Mercurius Vivus, when there is puffy swelling of the joint. When the pain appears to be seated in the

bones. When there is profuse perspiration, without consequent relief.

Rhus Tox., when the pain is aggravated by *rest*.

Pulsatilla, when the pains are particularly changeable.

When the joints seem torpid and as it were paralysed.

When the pain is relieved by exposure to cold air.

Hepar Sulphuris, in obstinate and protracted cases.

When the heart is inflamed, the chief remedies are Aconite and Belladonna, given in alternation; a dose, at first, every hour; afterwards, as the inflammation subsides, the intervals of administration may be prolonged.

Arsenicum is indicated by excessive palpitation, particularly at night, with great oppression and anguish, small pulse. Palpitation, which sets in when the patient is lying on his back, and ceases on his rising, is a characteristic indication of this remedy.

Spigelia, when there is tumultuous beating of the heart, when lying or sitting—perceived by laying the hand flat over the heart—and which does not keep time with the pulse. When there are purring noises during the beating of the heart, stitches in the region of the heart, anxious oppression of the chest, &c.

In the insidious or chronic form of rheumatism, the hydropathic treatment should be of a tonic character. Delicate children may have the wet towel friction tepid, once or twice a day; and the joints may be bandaged with compresses. When the child is more robust, or has gained sufficient strength by the preceding measures to bear it, the shallow bath, at first tepid and afterwards cold, should be given once or twice a day. Afterwards we may advance to the packing. The

joints may also be douched with tepid or cold water from a large jug.

Belladonna is a good remedy to commence with, given every morning for a week ; and afterwards Sulphur may generally be given, a dose every third morning. If this do not succeed, other suitable remedies must be tried.

*Case.*

PALPITATION OF THE HEART, WITH EMACIATION.

Master P——, aged about 16, was brought to the Establishment, as a case of hopeless heart disease. He had suffered for a considerable time from palpitation of the heart, attended with emaciation and general debility ; and all the resources of the drug treatment had been tried in vain. There was, however, no stethoscopic indications of organic disease. Under the treatment here annexed he entirely recovered.

	Morning.	Mid-day.	Afternoon.
Aug. 16.	Wet friction.	Wet friction.	Wet friction.
— 23.	As before.	Wet rub. towels.	As before.
— 30.	Pail douche.	Sitz 10 m.	Pail douche.
Sep. 13.	Shallow b. 1 m.	As before.	As before.
— 18.	Wet rub. towels.	As before.	As before.
— 25.	As before.	As before.	As before.
Oct. 2.	As before.	As before.	As before.
— 9.	As before.	As before.	Omit.
— 16.	As before.	As before.	
— 23.	Shallow b. 1 m.	Dripping sheet.	
— 30.	As before.	Pail douche.	
Nov. 6.	As before.	Shallow b. 1 m.	
— 13.	Pail douche.	Pail douche.	

In a few days after this he left the Establishment. When he arrived, his weight was 7 st. 13 lb.; and when he left, he weighed 9 st. 0 lb. 4 oz.; showing an increase of 15 lb. 4 oz.

#### INFLAMMATION OF THE KIDNEY

Is marked by a severe but dull and heavy pain deep in the loins, which often extends to the bladder and testicle, to the groin and thigh. The testicle of that side is generally drawn up. The urine is scanty and high-coloured, and frequently bloody. Sometimes, but not often, it is suppressed. There is more or less fever. Sickness of stomach and vomiting are very common sympathetic sufferings.

This complaint is very commonly connected with gravel, the small grains of which lodging in the kidney set up pain and inflammation.

Rubbing of the loins with the hand, dipped in cold water, for five minutes at a time, the application of compresses to the loins, will be beneficial in many cases. The sitz bath, 70° F., may be given twice a day. If the pain be excessive, the temperature of the bath should be raised to 90° F. or 100° F., and then hot fomentations may be applied.

Begin by dissolving Aconite 30, one globule in half a tumbler of water; give one teaspoonful every half hour, or more frequently, until the fever lessens. Then give Cantharis in the same way, but at longer intervals. Or, if after a few doses the Aconite does not relieve, give the Aconite and Cantharis in alternation.

MORBID SYMPTOMS OF THE URINARY ORGANS.

1. Pain in region of the bladder when touched, Pulsatilla.
2. Pain in the urethra with desire to pass water, Cocculus.
3. Pains in the region of the kidneys, extending into the abdomen, with pain while passing water, Cantharis.
4. Violent, excessive pains in the bladder, Cantharis.
5. Soreness at the orifice of the urethra, Nux Vomica.

*Urination.*

1. Frequent and scanty, Antimonium Crud.
2. Copious urination, Mercurius Sol.
3. Constant desire to urinate, only a few drops at each time, Digitalis.
4. Suppression of urine, Arsenicum, Camphor.

*Urine.*

1. A good deal of mucus is passed with the urine, Calcareo Carb.
2. White and turbid urine, like milk, when passing it, Muriatic Ac.
3. Turbid urine, with reddish sediment, Belladonna.
4. Turbid urine, with white sediment, Cantharis.
5. Turbid urine, with brick-dust sediment, Ipecacuanha.
6. Bleeding from the urethra, Secale Corn., Cantharis.

## GRAVEL PAINS.

Dissolve one glob. of Natrum Carb. in half a tumbler of water, and take one teaspoonful at a dose: it may be repeated at intervals not less than an hour. The formation of gravel in the urine is an evidence of disordered assimilation, and requires careful general treatment, hydropathic (of a tonic character) and homœopathic (of an antipsoric nature), under a physician. The remedies are Nux Vomica, Pulsatilla, Sulphur, &c.

## INCONTINENCE OF URINE—WETTING THE BED

Usually arises from debility in nervous children, and requires bracing treatment. Give Nux Vomica, glob. j. every night, for a week. If this do not answer, give Sulphur in the same way.

*Case.*

Mr. —, aged about 18, had suffered from this complaint for 12 years.

*Treatment.*

1852.	Morning.	Mid-day.	Afternoon.
Jan. 3.	Shallow b. 1 m.	Sitz 20 min.	Sitz 20 min. }
— 10.	Wet sheet pack, 40 m.; and shallow b. 1 m.	Sitz 20 min.	Sitz 20 min.
— 31.	Shallow b. 1 m.	Sitz 15 min.	Sitz 15 min.
Feb. 14.	Shallow b. 1 m.	Plunge.	Sitz 15 min.
— 28.	Returned home cured.		

He weighed, when he entered the Establishment, 9 st. 1 lb. 8 oz. ; and when he went away, he weighed 9 st. 8 lb. 8 oz. ; having gained 7 lb.

#### SCROFULA.

Certain persons inherit from their parents, or acquire spontaneously, under the influence of peculiar morbid agencies, the liability to become affected with a large class of diseases from which the rest of mankind enjoy immunity. The class of diseases to which I allude is termed scrofulous, and persons disposed to their attack are said to possess a scrofulous constitution. Scrofulous parents beget scrofulous children ; yet it does not follow that scrofula is ineradicable, for where of two parents one is scrofulous and the other not, it happens sometimes that their children take after the scrofulous, and sometimes after the non-scrofulous parent ; moreover, a scrofulous child under favourable circumstances may gradually out-grow the taint, and, when arrived at maturity, beget healthy progeny. The chief diseases grouped together as scrofulous are enlargement, suppuration, and ulceration of the glands ; peculiar chronic inflammation of the eye ; chronic suppurative inflammation of the joints ; general wasting, attended with enlargement, heat, and griping pains of the belly ; spinal curvature ; rickets ; and consumption. There are indeed many other scrofulous affections, for every organ in the body is occasionally implicated ; but those above enumerated are most common and most destructive.

There are two varieties of the scrofulous constitution,

the light and the dark variety. The light variety is marked by the manifestation of more or fewer of the following characters:—blue or violet eyes; light silky hair; fair and delicate skin; beautifully contrasted red and white, almost hectic complexion; and a general delicacy of conformation. The mental faculties are usually precociously developed. In the dark variety the hair is dark, dry, crisp, and coarse; the complexion is of a pale, grimy, or dingy hue; the features are coarse, and frequently appear bloated; the lips, particularly the lower one, are thick and protuberant, and of a bluish purple colour. The lower jaw is sometimes under-hung. The curtains of the eye are dark and sluggish under the influence of light, and the pupils are generally large. The individual is not uncommonly short in the legs, and the abdomen is inclined to project. There may be considerable muscular power; but the person is, notwithstanding, phlegmatic, fond of lying in bed, and generally more or less disinclined to bodily exertion. Frequently the mental powers are of the highest order. Between the above-described strongly marked varieties we find many intermediate constitutions, which it is foreign to our purpose minutely to delineate.

#### ENLARGED GLANDS.

The chain of glands which descend the neck from behind the ear on each side to the breast-bone, the glands beneath the lower jaw, and those on the neck behind, are particularly liable to scrofulous degeneration. The gland affected swells to the size perhaps of

a common marble or of a large chestnut. It may then cease to enlarge, and remain for an indefinite time merely a hard lump ; or it may swell to a still larger size, become soft and painful to the touch, and red and inflamed externally. In the absence of surgical interference, the swelling will continue to increase, and the redness to become more decided, until at some point the tumour bursts, and discharges a quantity of thin yellowish fluid, mixed with whitish flakes of a curd-like matter. The abscess, thus spontaneously opened, becomes a sore or ulcer, which in favourable cases soon heals up, but in other cases remains obstinately open, and sometimes spreads extensively, to the great disfigurement of the patient. Even when the ulcer is healed, it very frequently leaves a broad, red, uneven, and ugly mark behind.

#### *Treatment.*

1. The child should be put upon hydropathic tonic treatment. See chapter on that subject.
2. When the glands are yet merely hard lumps, and uninflamed, they may be covered with a compress, changed repeatedly during the day, and worn at night.
3. When they are red and soft, the same method should be pursued.
4. Mercurius, while there is yet no change in the colour of the skin, and the glands are neither painful nor tender to the touch.
5. Dulcamara, when the tumour has attained a large size and is indurated.

6. Rhus, when the skin over the gland is inflamed, with compress to the gland.

7. Iodium, when a chain of swollen glands extends under the chin.

8. Carbo V., when the skin over the swelling presents a livid or purple colour.

9. Hepar Sulphuris, when softening has commenced.

10. Arsenicum is useful in assisting the healing of sores left when the abscess bursts.

#### DISEASES OF THE JOINTS—INFLAMMATION.

The joint affected with this malady appears swollen and is preternaturally hot. The swelling arises from accumulation of fluid in the cavity of the articulation. There is generally no great pain, unless upon motion of the joint. This condition may continue an indefinite space of time, and then merge into the suppurative stage.

#### *Treatment.*

1. The joint should be kept in a state of perfect rest by mechanical means.

2. Mercurius and Belladonna are the chief remedies indicated in this affection. They may be given in alternation, one glob. of the 30th potency, in a little water, night and morning.

3. Compresses round the joint, renewed many times in the day, and worn at night, are extremely useful.

4. Momentary immersion of the joint in cold water

or tepid water, once, twice, or more frequently in the day, is also good practice.

5. Affusion of cold water from a height—local douching—will frequently tend powerfully to reduce inflammation and promote absorption of the fluid.

6. The general health should be supported by appropriate tonic treatment.

#### SUPPURATION OF THE JOINTS.

In this affection the joint is considerably swollen, hot, painful, and inflamed externally. One or more abscesses and winding fistulous openings may be found about the joint. The extremities of the bones are frequently enlarged, and the cartilage, or gristly matter which covers them, more or less eaten away. Every jar and motion, particularly if it tend to press the ends of the bones together, is extremely painful. The irritation produced by this disease is often very great; the patient loses his appetite, cannot sleep at night, and wastes rapidly.

#### *Treatment.*

It is sometimes necessary to render the joint motionless by mechanical contrivances.

1. The constitutional disturbance must be met by such remedies as Belladonna, China, Arsenicum, &c.

2. Hydropathic treatment of a tonic character will frequently prove of the most essential service.

*Case.*

## KNEE-JOINT DISEASE—BY DR. W. F. LAURIE.

John Baylis, aged 18, residing at Lower Heyford, seven miles from Northampton, came to Dunstable, on September 22nd, 1848, to pursue the water treatment. On January 1st, 1848, he was seized with rheumatic fever, attended with delirium, which lasted five weeks, and settled in the right leg, which became much swollen, and was three times the size of the other leg.

He was then confined to his bed sixteen weeks.

By the surgeon in attendance, the leg was bandaged daily for a week, tighter each time, till he could bear it no longer, from the excessive swelling and tenderness produced by the bandage at the knee. Large abscesses then appeared the whole length of the leg.

Early in March, the surgeon desired him to be sent to the infirmary at Northampton, to have the leg amputated at the thigh. A medical friend concurred in this opinion, as the only chance of saving the boy's life; but neither the boy nor his friends would consent to it. Linseed-meal poultices and fomentations were then applied for about a fortnight; and bark, a quart of ale per day, and as much wine as his father, a poor man, could procure for him, were administered with no improvement, either to the constitution or the leg. He then gave up medicine, and discontinued the ale and the wine, and began to use Holloway's pills

and ointment, which he continued during twenty-eight weeks, but derived no benefit. At this time a benevolent lady introduced him to my attention; but soon afterwards she wrote to me, saying that she regretted having sent him, as she had learnt from the medical attendant that his case was absolutely hopeless, unless amputation were resorted to.

On examining him, I found two-thirds of the right leg, at the inner part of the calf, presenting a deep and wide wound, penetrating in two or three places to the bone, which was distinctly visible.

It had the appearance of a deep ravine, and the odour from it was so fetid as to be insupportable to himself and others.

There was a frequent discharge of thin blood, and also an acrid, sanious, purulent discharge.

The knee-joint was more than twice its natural size, extremely red, and so much bent that he could scarcely put his toe to the ground, and could not raise it without the assistance of his hands. The joint was so excessively tender, that he could not bear the weight of the bed-clothes upon it. He had no appetite, but was always sick on attempting to take food. He seldom slept at night. The third day after commencing the water treatment, he began to eat and sleep. He daily gained flesh and strength, and the leg began to heal. In about six weeks a piece of bone exfoliated from the leg.

In a fortnight, another piece, an inch and a quarter in length and three-quarters of an inch wide, presented itself, and subsequently some smaller pieces. He has

now, January 11th, been under the treatment sixteen weeks; is able to walk on the ball of the foot, and can manage to go a few yards without his crutches. His diseased knee, from being double the size of the other, is at the present time but two inches larger in circumference, and he can bear to have it well rubbed without any uneasiness.

#### ULCERATION.

Frequently after suppuration about a joint, one or more chronic indolent ulcers remain, and the joint becomes stiffened, and in process of time contracted.

#### *Treatment.*

1. Hydropathic tonic treatment is required. See chapter on that subject.

2. Arsenicum, Sulphur, Silicea, are the chief medicines employed internally.

3. Compresses applied to the joint will generally be useful.

4. Affusion of tepid or cold water from a jug is sometimes useful as a stimulant.

5. Or immersion of the joint from 3 to 5 minutes, under certain circumstances, in tepid or cold water.

6. Friction with wet hands, from 10 to 15 or 20 minutes, is often beneficial.

#### *Cases.*

#### HIP DISEASE.

"One of the first cases which attracted my atten-

tion after my arrival at Græfenberg was a case of hip disease in Elizabeth St——, a child 8 years of age, and the daughter of highly respectable parents at Hamburg. On inquiry of the child's governess, she stated that the hip had become enlarged rather more than two years ago; that the tumefaction gradually increased; that the child constantly complained of pain in the knee; that the leg and thigh became gradually wasted; that the knee joint became firmly contracted, and bent nearly at right angles, so that she could only walk with two crutches; the other limb being weak, and the general habit of the child delicate, and in fact scrofulous. Every medical man will immediately recognise in this account a very common form of scrofulous disease of the hip joint. When I saw the child, however, all these symptoms had disappeared, excepting some remaining enlargement of the hip, and a little limping in the gait, arising from a trifling shortening of the limb. But the account thus given of the child's condition, when she first went to be submitted to the treatment, was fully confirmed by the testimony of more than a dozen persons, who saw the child when she was first brought to Græfenberg, and who had watched her progress with great interest. But besides this, the shortening of the limb, the appearance of the hip, with the general constitutional aspect of the little patient, were precisely such as would have led any surgeon to foretell, without information, that the patient had suffered or was about to suffer the peculiar train of symptoms which the governess mentioned.

“When I left Græfenberg I saw this child galloping about on the lawn by the side of her governess, without anything to distinguish her from a perfectly healthy child, excepting a little limp in her gait.”—*Dr. E. Johnson's Principles of Hydropathy.*

#### ELBOW JOINT.

Ruth L——, aged 8 years, was brought to me April 16, 1851, for a scrofulous swelling of the elbow. The joint was hot, enlarged from dropsical effusion into its cavity, painful, and stiff. She was ordered to swathe the joint in wet compresses, and to take vapour bath 15 min., followed by pail douche, once a day. On May 21, I find it written in my note-book: “Arm almost entirely free from inflammation; very little heat. She has considerable flexion and rotation; enjoys her bath; appetite very good; bowels regular; sleeps extremely well. An excellent cure.” Circumstances occurred which prevented me from seeing this child again.

#### CONTRACTED JOINT.

Many joints that have become contracted may be rendered moveable again by proper local and general measures. The general measures are tonic hydropathic processes and specific antipsoric medicines. The local measures are local hydropathic applications and frequently repeated assiduous friction. This latter often fails from the ignorant way in which it is used,

and from want of perseverance. It should be applied by an instructed person, and for a length of time.

GENERAL WASTING, WITH ENLARGEMENT OF THE  
BELLY.

The essence of this disease is scrofulous inflammation of the glands of the abdomen. These latter enlarge, suppurate, and excite inflammation of the neighbouring parts. The chief symptoms are gradual wasting and failure in health; morbid action of the stomach and bowels; occasional griping pains in the belly, which is generally hotter than natural; slow enlargement of the abdomen; and sometimes dropsy. In bad cases these symptoms increase in severity; hectic comes on; diarrhoea and night-sweats are set up; and the patient dies exhausted.

*Treatment.*

The umschlag or Græfenberg compress should be worn day and night. It should be renewed as often as it gets dry.

Mild tonic hydropathic treatment should be pursued according to the rules laid down in the chapter on that subject, page 41. The following course will be found very generally beneficial:—Morning: wet towel rubbing. Mid-day: half packing from 15 to 40 minutes, according to the strength of the child, and the quickness with which it warms in the pack. As soon as it is nicely warm, it should be taken out. After

the packing, the wet rubbing towels or pail douche. Afternoon:—sitz bath 5 m. The temperature of the water must be determined by the season of the year, the strength of the child, &c. It will usually be well to begin with tepid water, 65° or 70°, and afterwards gradually to reduce the temperature. In some cases it will be well to cause the child to perspire twice a week, either by the blanket packing or hot air or vapour bath. The perspiration should not be kept up, in the majority of cases, more than five minutes. After the perspiration, the wet rubbing towels or pail douche or shallow bath should be given.

When there exists fever, give Aconite 30, glob. j. in a tumbler of water; one teaspoonful every two or three hours.

When there is much local heat and inflammation, give Belladonna 30, glob. j. in a tumbler of water; one teaspoonful every morning. And Mercurius Corr. 30, glob. j. in a tumbler of water; one teaspoonful every night. These medicines must be continued or changed according to circumstances.

If dropsy ensue, give Veratrum 30, glob. j. in a tumbler of water; one teaspoonful night and morning.

In the case of diarrhœa, give Calcareæ 30, glob. j. in a tumbler of water; one teaspoonful night and morning for a few doses. If this fail, Carbo Veg. may be given, or Poplar Charcoal; one teaspoonful in a wine-glassful of water twice or thrice a day, particularly if ulceration of the intestines exist.

In some cases cod-liver oil is of essential benefit; in others it impairs the appetite, and does harm.

The diet should be plain and nutritious. In most cases it is better to abstain from stimulants.

#### CURVATURE OF THE SPINE.

The earliest stage and slightest form of curvature is delineated in the plate. Here we have debility, and debility alone, to contend with,—debility of the general system, and debility of the muscles of the back, which support the spine, and debility and relaxation of the ligaments which hold together the joints of the spine. If this state of things be neglected, and the patient be of a scrofulous constitution, congestion and inflammation of the spinal joints ensue; and these are followed by ulceration or eating away of the textures that enter into the composition of the joints; so that the spine yields more and more, until the most distressing deformity results. In very bad cases, indeed, the inflammation and destruction of parts go on until the spinal marrow itself becomes inflamed, and then paralysis of the lower limbs appears. These are almost hopeless cases. In bad scrofulous curvatures there is frequently found more or less of scrofulous deposit in the lungs, with congestion or inflammation, which sometimes terminates in fatal consumption. I do not propose to treat here of malignant cases like these, but should confine my remarks to the first stage of curvature, where we have only debility to contend against.

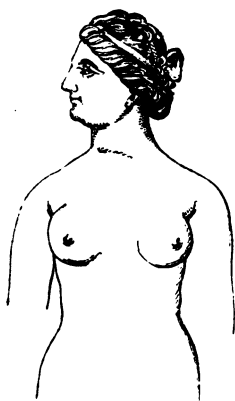
The spinal column is composed of thirty-six small bones (called *vertebræ*), twenty-four of which are separate and moveable on one another; but the other



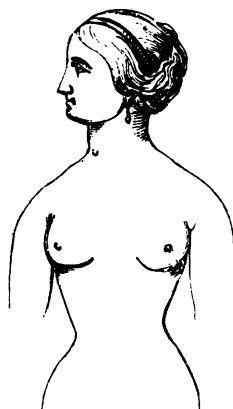
**The Natural Skeleton.**



**Curvature of the Spine.**



**The Natural Waist.**



**The Artificial Waist.**

\_\_\_\_\_

five, the lowest, form a single solid piece, called the sacrum. The twenty-four vertebræ are united with each other by elastic bands, called ligaments, and to the elasticity of these ligaments the spinal column owes at once its firmness and its flexibility:—not wholly so, however; for on each side of the spine lies a large mass of muscle, constituting the soft part of the back; and these muscles, attached to the spine, the ribs, and the hip bones, when they are firm and healthy, greatly contribute to keep the spinal column in its upright position. These muscles act on the spinal column, when we wish to bend or otherwise move the back. Hence, if anything occurs to impair the vigour or waste the substance of the above-named ligaments and muscles, the spinal column collapses, as it were, or becomes bent upon itself; the vertebræ are no longer firmly held in their upright position, just as in the case of a person who has weak ankles, the foot is no longer tightly braced to the leg, for the uniting ligaments and muscles are slack and flaccid. From these considerations it follows that spinal curvature is produced first by general debility, in which the ligaments and muscles of the back partake, and secondly by local debility of the ligaments and muscles of the back, the result of special causes. We have examples of the first class of cases in those curvatures which are apt to come on after a fever, after the fatigue of a London season, operating upon a delicate system, &c. And we have examples of the latter set of causes in those curvatures which are produced by wearing tight stays, by practising many hours a day on the piano, &c. The

effect of wearing tight stays is twofold; for in the first place the pressure of the stays produces wasting of the muscles which support the spine, and in the second place the same pressure mechanically twists the spinal column; so that bones, muscles, and ligaments are all injuriously affected at one and the same time.

The effect of sitting for many hours together at the piano is to fatigue the muscles and ligaments of the back, and so to render them incapable of supporting the spine, which consequently sinks upon itself and contracts a curve. Sitting for a long period writing or sketching brings the spine into an unnatural position, and causes a certain waste of the muscles which straighten the back, by throwing them out of exercise; and thus a round-shouldered condition, or, in other words, a certain degree of curvature, results. The muscles and ligaments of the back, like all the organs of the body, require exercise; and if they are deprived of exercise they become feeble, flaccid, withered, and incapable of properly performing their function. Here then we are brought back to the evil effect produced by stiff and tight stays, for the stiff and tight stays support the spine,—but this is precisely the office of the muscles and ligaments of the back; and therefore these tissues, deprived of the exercise of their natural function, languish and fall away: just as the muscles of the arm would fall away if a man's arm were kept pinned to his side. But there is yet another reason why the muscles of the back fall away in a person who laces tightly. They fall away in consequence



**Effect of Stays.**  
*Front view.*



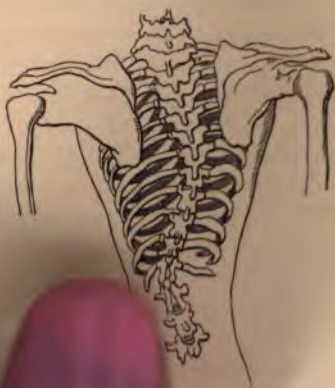
**Effect of Stays.**  
*Back view.*

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Effect of Stays.  
*Front view.*



of Stays.  
*Back view.*

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**Effect of Stays.**  
*Front view.*



**Effect of Stays.**  
*Back view.*

grant the utility of perfect rest for a longer or shorter period of time ; but since, on the contrary, the disease is merely one symptom of general feebleness of health, it must be manifest that long-continued inactivity will, by aggravating the cause, aggravate also the symptoms. What is the effect of prolonged maintenance of the recumbent position ? Why, of course the circulation becomes slow and languid, the bowels are torpid, the appetite fails, sleep is impaired, the muscles lose their power, and the nutritive actions are carried on less energetically. The mind also suffers, the temper is rendered fretful and irritable, and feelings of gloom and despondency harass the sufferer. Now, if spinal disease originate in general weakness, shall we cure spinal disease by augmenting the general weakness ? “But,” replies the allopathist, “allow the patient to sit up or to walk, and he will suffer so much pain, and feel so much worse, that ultimately he will be compelled to recline, and to make a virtue of necessity.” True ; and under the old system I believe there is nothing for it but to adopt the recumbent regimen, with all its evils and distresses. But it is found that the system here advocated is able not only to dispense with this most irksome and injurious confinement, but to cure the disease much more speedily, much more certainly, and much more permanently than the other. It is, besides, obvious that the straightness of spine produced by reclining immoveably for months is produced by *stiffening* all the joints of the spine. It cannot be produced by increasing the tone and power of the supporting muscles and ligaments ; for the prolonged

inaction of these tissues causes them to waste and lose even the little tone and power that they before possessed. On the other hand, the strengthening plan restores the spine to the perpendicular, by *augmenting* the tone and power of the muscles and ligaments, and so enabling them to hold up the spine, as nature intends; and thus the spine preserves its flexibility, and the cure is complete. There are a few cases in which it is requisite to cause the patient to lie down for a longer or shorter space of time; but those are quite exceptional cases.

Except in a very few cases also, the common plan of lifting up the spine by mechanical supports is extremely injurious; for these supports produce, in an aggravated degree, all the evils which I have before shown to result from wearing stays. Their pressure causes the muscles to waste, and they throw the muscles and ligaments into a state of inaction, by depriving them of their proper functions.

After the constitutional treatment by water and homœopathic medicines, the next in importance is the local treatment by friction, and regulated muscular exercises. In order to explain the principle which should govern the employment of these measures, it is necessary to make a few preliminary remarks.

When the spine, sinking upon itself, produces curvature, the muscles of the convex side, in the endeavour to straighten or hold up the spine, become bigger, thicker, and harder; in technical language, hypertrophied. These muscles become hypertrophied, that is, grow bigger in obedience to that general law which

causes every organ to grow in proportion to the work it performs. The muscles on the concave side, on the contrary, waste; because their work is diminished. Now the thick, rigid muscles of the convex side become the seat of pain and disturbance; and it is necessary to reduce them to their proper size. This is effected by friction; for friction causes absorption. Friction is applied in the following manner:—Let the rubber smear with hog's lard the tips of the first, second, and third fingers of his right hand, and then let him rub with these fingers the hard parts beside the spine, giving to his fingers a circular motion. He should begin above, and gradually descend. The pressure should be moderate. The length of time of each operation is usually one hour; but sometimes it may be performed for two hours; or it may be repeated a second time in the day. This process will soften and relax the spasmodically-contracted muscles.

In order to cause the weakened and wasted muscles of the concave side to grow to their proper size, it is necessary to have recourse to certain kinesipathic exercises.

We exercise chiefly the arm and muscles of the concave side. We employ the different active-passive motions, beginning with the hand, then ascending to those of the elbow and of the shoulder joint. Flexion, extension, adduction, abduction, rotation, arm-shaking, lifting, pushing, and many other physiological motions besides, are useful in turn. These, however, should not be tried at the fancy of the patient, but should be determined by an experienced practitioner. It is not to be

supposed that no exercises but those of one side are to be used. General exercises are also required; but the chief are those of the convex side of the curvature.

*Case.*

Miss H. —, aged 14, suffered from pain and weakness of the spine, which incapacitated her for walking without much fatigue and exhaustion. On examination, there was no curvature apparent, but only that undue flexibility and inclination to sink and bend, which characterizes the early stage of curvature.

She complained also of a peculiar form of nervousness, showing itself in fearfulness and apprehension when left alone. She could not go upstairs in the dark, and she could not sleep by herself. Nothing could induce her to do so. She came into the Establishment, and was put under treatment soon after the Christmas of 1854. I began by treating her with tepid water; but she soon got to cold. The principal baths which she took were the packing sheet twice a day, for 30 minutes, followed by the pail douche. She had not been here for more than two or three weeks, when she found herself perfectly able to go anywhere in the dark, and to sleep in a room without a companion; and she continued to do so from that time, without any inconvenience. She stayed under treatment about two months; and during that period used to tramp about in wind and snow as vigorously and briskly as any other member of the Establishment. She lost the pain in her back, which became as straight and strong as that of any healthy child whatever.

## SPINAL WEAKNESS.

Eliza, — aged 15. Undue flexibility of the spine, attended with pains in that region, which she calls “rheumatic,” and which disturb her sleep. She was put upon the vapour bath once a day, for 10 minutes, followed by the pail douche. This treatment she pursued for six weeks ; during which period her spine got much stronger, her pains disappeared, and she gained 14 lbs. in weight.

## ERUPTIONS OF THE SKIN.

There exists a great variety of cutaneous eruptions, each of which has been minutely described and endowed with a specific name by modern writers. For practical purposes, however, minute classification is unimportant, since the treatment is regulated by general principles applicable to all cases indiscriminately. Of these eruptions, some, as rose rash, red gum, &c., which consist in evanescent efflorescence or minute elevations scattered over the body, are altogether trifling, and require for their cure nothing but careful hygienic management. Others, particularly when they affect the hairy scalp, are more obstinate, and indeed sometimes exceedingly tedious and difficult to heal. Eruptions may be divided into five classes, viz.—efflorescent, papular, vesicular, pustular, and scaly, each of which *may* exist separately, but they are usually found to run very much into one another ; and, indeed, frequently specimens of each coëxist in one person.

When the skin is attacked by an inflammatory blush, or by patches of mere redness, we have the first or efflorescent form. When the skin is spotted by small elevations, varying in size from a pin's head or pin's point upwards, and either retaining the natural colour of the skin, or more or less inflamed, we call the affection papular, and the elevations are named papulæ or papules. Bladders or blisters, filled with a colourless or milky fluid, as variable in size as the papules above described, are denominated vesicles, and when they are present the disease is termed vesicular. Sometimes these blisters, instead of a colourless or milky fluid, contain thick yellow matter. In this case they are no longer vesicles, but pustules; and if thin whitish flakes, varying in size from a pin's head upwards, occupy the skin, the eruption belongs to the scaly variety. It very rarely happens that an eruption is purely papular, vesicular, or pustular. In many cases it commences with an inflammatory blush (efflorescence), upon which papulæ soon begin to appear; some of these papulæ degenerate into vesicles, and some of the vesicles into pustules. After a period the pustules burst, the contained matter of many pustules frequently running together. As soon as exposed to the air, the matter hardens and forms crusts or scabs, of a green, brown, or yellow colour; and in bad cases, when the scab or crust thus formed falls off, an ugly sore, previously concealed, becomes visible. Eruptions are either acute or chronic, the former being attended with more or less fever, running a definite course, and then dis-

appearing or subsiding into the latter, which last an indefinite period, and sometimes endure many years. Acute eruptions are, like measles, small-pox, and scarlet fever, produced by a poison which has entered the blood, when they are termed specific, and are contagious; or they are merely inflammations of the skin, accompanied by fever. Chronic eruptions also are susceptible of the same division into specific or contagious, as ringworm; and non-specific or non-contagious, as milk-crust.

*Treatment.*

1. The diet and other matters of hygiene must be carefully regulated in accordance with the directions given in an early part of this work.

2. If the eruption be in a state of acute inflammation, angry, and irritable, give *Rhus Tox.* 30, globule j. night and morning.

3. *Tinct. Aconite* 30, globule j., may be given if there be a feverish state of the system.

4. If there be mere efflorescence of the skin, somewhat like measles, give *Pulsatilla*, and afterwards *Copaiba* 30, globule j. every morning.

5. For a pustular eruption simulating small-pox, give *Antim. Tart.* 30, globule j. every morning for a week; and afterwards *Thuja* 30, in like manner.

6. If the eruption be scaly and inveterate, *Arsenic* 30, globule j. every other morning; and afterwards *Iodide of Arsenic* and *Kreosote*.

7. In old cases, *Sulphur*, *Staphisagria*, *Calcarea*, *Lycopodium*, and other medicines.

8. In cases where high inflammatory fever exists, or the eruption is very extensive and actively inflamed, the wet sheet packing for half an hour is proper.

9. Compresses may be applied locally to any part affected.

10. But in the majority of cases the malady is merely a symptom of general derangement, or of the presence of a poison in the blood, and the indication is to improve the health and strength of the body, and to get rid of the poison. Hence a course of general hydropathic treatment becomes necessary. Consult the chapters on tonic and critical hydropathic treatment.

#### *Case.*

#### ERUPTION AND ASTHMA.

Master M——, aged 10 years, when he was first brought to the Establishment, was a thin, pale, and miserable little object, evidently very suffering and debilitated. He exhibited in the bends of the wrists, elbows, and knees, about the corners of the mouth, and around the eyes, and in the forehead and eyebrows, an irritable, itching, red, moist, cracky, and scurfy eruption, having most of the characters of what is termed Eczema. The painfulness of this eruption prevented him from straightening his joints; and the itching and irritation were so great that he was scratching himself and crying from time to time all through the day; and at night he was kept from sleep by it, and sometimes his excitement rose to such a pitch that he jumped out of bed like a child possessed; and stood in the room

transfixed in a rigid spasm. He was also the subject of asthma, which was sometimes very troublesome at night, keeping him in a state of gasping breathlessness, and adding much to his misery. As a natural consequence of these afflictions he was emaciated, and had very little appetite; his bowels were confined.

He had had the eruption from the age of 8 months: everything had been tried in the shape of allopathic and homœopathic remedies, but nothing did it the least good; and his mother declared that the child's suffering and her own in nursing him during those nine years were indescribable.

The first treatment adopted was to cover the eruption, except about the head, with wet compresses, which were worn day and night. The child was packed for half an hour twice a day, and after the packing he was placed in a bath and was washed all over the body with tepid water. For some time he did not at all like the operation, but cried and resisted; but gradually he came to like it pretty well. This treatment was carried on for a considerable period (cold water however being soon substituted for tepid), when the following change was made:—In the morning he took the wet rubbing towels; mid-day and afternoon he was packed for half an hour; after which he went into a shallow bath, where he was rubbed for a minute. He then jumped from the shallow bath into the plunge, where he stayed from two to three minutes, kicking about and enjoying himself highly. He was then dried, and sent out to take his exercise.

This child lost every vestige of his eruption. As a

consequence of freedom from his old irritation, his appetite became hearty, his bowels regular, his sleep deep and uninterrupted. He got stout, and grew very fast. His asthma also disappeared, and in short he got quite well. After he was ordered to take the plunge, he expectorated a considerable quantity of thick and ropy phlegm, which seemed greatly to relieve the chest.

#### SCALD HEAD—RINGWORM OF THE SCALP.

This disease is characterized by circular red patches, covered with numerous small yellow pustules, which do not rise above the level of the skin. These pustules soon break and form thin scabs. The patches frequently unite with adjacent patches, and assume an irregular and extensive appearance, and sometimes cover the whole head. These incrustations, by accumulation, become thick and hard, and when removed, the surface beneath is left red and glossy, but studded with slightly elevated pimples. By a long continuance of this eruption the hair is frequently destroyed. It is a highly contagious disease.

The disease above described is among the most obstinate of diseases not incurable. Upon this point allopathist and homœopathist agree. Dr. Maunsell thus expresses the result of his allopathic treatment experience:—"No words could convey a keener satire upon the imperfection of the medical art than would a simple enumeration of the names and epithets invented by various authors for the disease of scald-head, and a contrast of that multitudinous catalogue with the beggarly account

of actual knowledge whereby we can reasonably expect to accomplish the removal of this distressing affection. Chapters and volumes have been composed upon this unhappy subject; the finest distinctions between the varieties of scabs and sores have been pointed out; the most learned and unintelligible names have been constructed from all languages; the art of the apothecary, and the fancy of the quack, have been strained for the invention of ointments, lotions, and depilatories; and yet, we believe, no systematic writer, at the present day, points to any line of treatment to which we can look with a confident hope of its being sufficient for the cure of any particular case of the disease." Again, on the part of homœopathy Dr. Laurie observes, that "It cannot be denied that even under homœopathic treatment the disease frequently proves extremely obstinate." Now if the allopathist can point to no line of treatment which is likely to cure any particular case, and if the homœopathist confesses the frequent failure of his treatment, we may be quite prepared to unite with Dr. Maunsell in the following opinion:—"It (*viz.* scald-head) may however *wear itself out*, after a continuance of months or even years, and it may terminate by a destruction of the bulbs of the hair, in that state of baldness to which we have just adverted. Our prognosis (judgment as to the event of the disease) should nevertheless refer to the tediousness and obstinacy rather than to the incurability of the disease. Patience and cleanliness, with attention to the general health, are, we believe, the grand remedial agents required; and, by the employment of these during six months, Dr. S.

Crampton cured (saw get well) a total of 28 cases, which he treated together, during that period."

Now if these opinions be correct, and the wearing out of porrigo can only be facilitated by improving the general health, the value of the hydropathic treatment in this affection is at once apparent; for it is admitted that this method is the only medical system capable of directly exalting the nutritive functions. No sort of medicine, as administered either in accordance with the allopathic or homœopathic doctrines, is capable of raising the standard of health. I will admit that Iodine may prove serviceable to the scrofulous, and Iron to bloodless children; I grant that Sepia and Calcareo, and Graphites and Silicea, counteract certain morbid conditions; but none of these medicines—no, not one, is able to do anything more than remedy a previously existing diseased state. They cannot add vigour to the system, nor generate strength. This is the peculiar province of hydropathy. Hence, although in the treatment of porrigo I would most certainly combine the homœopathic remedies which are most frequently serviceable, yet I would rely more confidently upon a judicious hydropathic course.

#### *Treatment.*

1. The general regimen as regards air, diet, exercise, should be conducted in accordance with the principles laid down at the commencement of this work.

2. The hair should be cut close to the scalp, but not shaved; for the operation of shaving produces great irritation.

3. Bread-and-water poultices and compresses are serviceable in allaying the itching, and reducing inflammation.

4. *Rhus Tox.* may be given when the patches are irritable and inflamed.

5. Sulphur, if a dry exfoliation or scaliness and scabbing ensue.

6. *Staphisagria*, if an offensive discharge break out, attended by violent itching, without much redness.

7. *Arsenicum* in very obstinate cases, and, after *Arsenicum*, Iodide of *Arsenic*. This remedy, though truly homœopathic, has been used with great success in doses of  $\frac{1}{16}$  to  $\frac{1}{8}$  gr. by allopathic practitioners; but this dose is too large; I would recommend preferably the homœopathic doses and preparations.

8. *Hepar Sulphuris*, *Baryta Carb.*, *Graphites*, *Mercurius Corr.*, &c., will each find their sphere of usefulness in old-standing cases.

In respect to the administration of remedies, a dose (glob. j.) may be given in the commencement once a day, or every other day, until symptoms of improvement occur; after which it must be discontinued as long as the improvement continues, and only renewed when the unfavourable symptoms become stationary, or the disease appears to be getting worse. When no improvement follows the administration of a remedy, after waiting for its action several days, another must be selected. In cases of long standing, the intervals between the repetition of the doses should be lengthened considerably, and not more than one or two doses given in a week.

The precise details of the hydropathic processes must vary with each patient. Weakly delicate children must be treated more gently than those of a strong constitution. In average cases the following treatment will prove efficacious:—Bring the patient into a tolerably hardy condition by means of plunge or dipping bath and pail douches, and then let him enter upon a course of packing sheets. At first only the hips should be included in the damp cloth, afterwards the hips and abdomen, then the hips, abdomen, and chest, and lastly also the legs may be enclosed in the wetted sheet. The length of time during which the patient lies in the pack will vary. At first 15 or 20 min. will suffice; but this may be gradually extended to 30 or 40 min., as the strength improves. The long packs should never be given more frequently than once a day; the short packs may sometimes be given twice a day. The hip packs may be repeated thrice in the day. The packings may be immediately followed, at first by tepid sponging, then by wet rubbing towels, and ultimately by the plunge or pail douche.

INFLAMMATION OF THE KNEE—SYNOVITIS—SWELLING  
OF THE KNEE FROM EFFUSION.

This affection is characterized by swelling, redness, pain, sensitiveness on pressure, stiffness, and heat of the joint. There is frequently, at the commencement, more or less fever and constitutional disturbance.

Against the sympathetic fever, give Aconite 30, glob. j. dissolved in a little water six hours, until

the constitutional excitement has subsided. Then give, in alternation, Belladonna 30 and Iodium 30, a dose every morning, and continue or change the medicines according to the resulting symptoms. Afterwards give Sulphur 30, glob. j. in water every morning for two or three mornings.

Compresses should be applied to the knee, and changed from time to time, as they get hot. If there be fever, the half-packing for 20 min., followed by pail douche, temp. 65° F., once or twice a day. If there be no fever, give the pail douche or wet rubbing towels only twice a day, temp. 65° F.

#### *Cases.*

Master M—— had been confined to bed, under constant medical treatment, leeching, blistering, &c., for nearly twelve months. The knee was swollen, painful, stiff, and distended by fluid, so that it was with great difficulty that he could walk across the room with the aid of a stout stick. His health had become impaired, from treatment and long confinement to bed. Under the subjoined treatment he perfectly recovered; and during the next winter, while hunting, he got a severe fall from his horse, which however produced no relapse in the knee.

1852.	Morning.	Mid-day.	Afternoon.
Apr. 24.	Pail douche.	Pail douche.	Dripping sheet.
Compresses to be applied to the knee.			
May 8.	As before.	Small douche to knee.	Small douche to knee.
— 22.	As before.	Large douche to knee.	Large douche to knee.

Miss V——, about three years old, presented the well-known symptoms of the same disease.

Dec. 30.—Morning, towel packing 40 minutes, followed by pail douche over the knee and body generally. Afternoon, as in the morning.

Wet bandages to be applied to the knee, day and night.

This and similar treatment was continued for about three months, and the child got perfectly well.

#### WOUNDS, BRUISES, SPRAINS.

The chief remedy against these various kinds of mechanical injury is Arnica. As soon after the occurrence of the accident as possible, dissolve a few globules of Arnica in a tumbler of water, and give a teaspoonful immediately. The dose may be repeated, or the medicine changed, according to the supervening symptoms, as described in the chapter on the Administration of Medicines.

In the case of bruises, or sprains, the part affected should be bathed with a lotion composed of two drops of Tinct. Arnica in half a pint of water.

In the case of wounds, if at all severe, a surgeon should direct what ought to be done. But generally it will be well, after washing and clearing the wound with the tepid Arnica lotion, if any foreign substances have got into it, to bring the edges of the wound together by means of strapping.

In cases where the Arnica does not produce speedy amendment, give Calendula, if the wound be torn, if

it be a deep gash whose sides cannot be perfectly united.

*Staphisagria*, if the wounds be clean—deep cuts made in the flesh by a sharp knife or glass.

*Hypericum*, when the pain is exceedingly severe, and particularly if it continue for a long time, and resemble that of a violent tooth-ache, and extending up the limbs. It is useful where convulsions supervene upon the injury.

*Aconite* and *Belladonna* are given where the system becomes feverish in consequence.

When fever and other constitutional symptoms occur, the packing and other antiphlogistic water processes may be used. If the hand be injured, an elbow bath should be given. When the foot is hurt, wet bandages should be applied round the leg, in order to divert the irritation and inflammation. Wet compresses should be continually applied, when there is much inflammation, to the inflamed spot.

*Rhus Toxicodendron* and *Conium Maculatum* are good remedies after *Arnica*, or should *Arnica* fail.

*Cases.—Sprained Ankle.*

Miss — was thrown out of a carriage, and sustained a violent sprain of the ankle-joint. She was treated during ten months by leeches, lotions, blisters, bandages, and all the usual remedies, which failed to relieve her. She came to the Establishment on crutches, suffering great pain in the joint, and unable to put the foot to the ground. She took the subjoined treatment, and left the Establishment completely cured.

	Morning.	Mid-day.	Afternoon.
June 5.	Wet rubg. towels	Wet sheet 30 m. and wet rubg. towels.	Wet rubg. sheet.
— 16.	Pail douche.	Wet friction.	Wet friction.
— 30.	As before.	Foot bath 5 m.	Foot bath 5 m.
July 7.	As before.	Wet rubg. towels	As before.
— 14.	As before.	Foot bath 5 m.	As before.
— 21.	As before.	As before.	As before.
— 28.	As before.	Omit.	Pail douche at bed-time.
Aug. 11.	As before.	Sitz 15 m.	Sitz 15 min.
— 25.	As before.	Vapour bath and lateral douche.	

After a few days of this last prescription she quitted the Establishment, as before stated, cured.

#### *Hand bitten by a Dog.*

Robert —, aged 11, six weeks since was bitten by a dog, between the index and ring finger of the right hand. The wound festered and refused to heal. It has been poulticed continually; but it is still as bad as ever; discharges a dirty-coloured matter. Ordered to plunge the hand several times in a day into cold water, and keep the place covered with a wet compress. In a little more than a week, the wound was well.

#### BURNS AND SCALDS.

Burns and scalds are very similar in their effects upon the body; but the latter are usually less dangerous, as they rarely produce destruction of the skin

and surrounding parts. The consequences of a burn may be arranged under three degrees, viz.—I. First degree: superficial inflammation, marked by diffused redness, without swelling. II. Second degree: in which blisters appear, and there is considerable swelling of the part and diffused redness. Fever is present. A new skin is formed, with or without suppuration. There is no scar. III. Third degree: the skin is more or less destroyed, and the destroyed skin has a grey, yellowish, or brown aspect. The surrounding parts are much swollen and inflamed, and spotted with blisters. There is severe fever. After six or eight days, or longer, the destroyed skin is separated, and the cure is effected by granulations and the formation of a white glassy scar.

#### *Treatment.*

Burns of the first degree may be successfully treated in many ways. The popular remedies of poultices of scraped potato or apple, or a cabbage leaf, may be applied: or compresses wetted with Arnica lotion or with simple water may be used. Burns of the second and third degree may be treated—first, by cotton, as recommended by Drs. Gibson, Dallam, Anderson, and others. Dr. Anderson says:—"The utility of cotton is most conspicuous in simply vesicated burns, where one or at most two renewals of it are sufficient; and it is to these cases that I believe its application has generally been restricted. But I have used it in a great variety of cases recent and old, vesicated (blistered) and sphacelated (mortified). From the state of the parts after a deep burn, the cotton generally requires renewal about

every six or eight days, until the sloughs have long separated and the discharge has been diminished. The comfort enjoyed during such intervals should go far to recommend this practice, even if in other respects it had no advantage over that by a daily renewal of the dressings. But I am now quite satisfied that a persevering use of this remedy, even in the chronic state of burns, and in many other ulcerations, is in every respect preferable to the practice usually adopted. Some care is necessary both in preparing and in applying the cotton. For this purpose it should be finely carded, and disposed in narrow fleeces, so thin as to be translucent; by which means it can be closely applied in successive layers, and is thus made to fill up and protect the most irregular surfaces. The burnt parts, if vesicated (blistered), are to be washed with tepid water, and the fluid evacuated by small punctures; or if more deeply scorched, they may be bathed with a spirituous or turpentine lotion. The cotton is then applied layer after layer, until the whole surface is not only covered, but protected at every point, so that pressure and motion may give no uneasiness. On some parts it will adhere without a bandage, especially when there is much discharge; but in general a support of this kind is useful where the vesications (blisters) have been broken and the skin is abraded, or where there is sphacelus (mortification). More or less suppuration always ensues, and in such cases the discharge may be so great as to soak through the cotton and become offensive, particularly in summer; so that it may be necessary to remove the soiled portions.

This, however, should be done as sparingly as possible, taking care to avoid uncovering or disturbing the tender surface."

Another excellent mode of treatment, which is more generally convenient, is the application of flour in the following manner: "The first object will be (after having laid the patient upon a bed or sofa), without a moment's loss of time, to take off the clothes and apply bread-flour, by means of a common kitchen dredger, plentifully and as expeditiously as possible, to the whole of the burned or scalded surface; and this being properly and sufficiently done, carefully applying clean dry linen cloths immediately over the flour, and such bed-clothes or other coverings as may be required to keep the patient comfortably warm, but not too hot. If pain return, we must commence by removing the linen coverings or bandages from those parts where the pain is most considerable, without attempting to remove any of the flour previously applied, except such portions as do not adhere, and then proceed as before to apply flour equally and copiously to the painful parts by means of the dredge, which is the easiest and best method of effecting it. It would also be a good general rule, particularly at the first and several succeeding dredgings or sprinkling, to continue the process for a certain time (longer or shorter according to the extent of the violence and the degree of pain complained of) after the parts become easy (with a view to keep them in that state as long as possible), and steadily to persevere in it, either until the last-mentioned object be attained, or the parts affected

shall have received a coating or covering of this invaluable article of from a quarter to nearly half an inch in thickness, and then apply the bandages as before; and secondly, not to disturb those places which still continue easy in consequence of having undergone one or more sprinklings or dustings, until the return of pain or uneasiness shall indicate the necessity of repeating it.

The internal treatment of these accidents is not less important than the external. If there occur very great prostration, coldness of the body, paleness of the face, sinking of the pulse, and shivering, it will be advisable to give, at once and freely, wine or brandy, more or less diluted according to circumstances, and, if necessary, frequently to repeat it; at the same time a globule of Arsenicum 30 should be dissolved in a little water, and given immediately. If good results do not follow this in three quarters of an hour, a globule of Carbo Veg. should be given in the same way.

Subsequent fever should be combated by Aconite and Belladonna, administered in the usual way.

If diarrhoea supervene, Carbo Veg. should be given.

#### CHILBLAINS.

The following symptoms indicate Nux Vomica:—The hands or feet feel chilly, and have to be wrapt up. Cold hands or feet. Heat in the hands or feet early in the morning, but intolerable pain in the affected parts when they are allowed to become cool. Cold sweat of the palms of the hands. Dark redness and swelling of

the veins in the hands. Pale swelling of the hands and fingers. Swelling of the back of the feet. In a mild season, the fingers are red and swollen in various places, and affected with a burning itching, especially when entering a warm room and getting into bed. Itching burning of the toes, as if frozen.

*Antimonium Crudum* :—Chilblains on the feet, with pain and redness, in the summer season, particularly when accompanied by itching pimples or blisters on the hands or feet or other parts of the body ; or when mortification is threatened.

*Lycopodium* :—Itching pimples on the hands. Continually cold hands or feet. The hands go to sleep after a long talk. The hands are disagreeably hot all the time. Small boils or warts on the hands. Tearing pains in the hands or feet. Redness, inflammation, and swelling of all the joints of the fingers. Swelling round the ankles ; swelling of the back of the feet. Swellings on the borders of the feet, painful when walking. Cracks in the heel.

*Arsenicum* :—When the chilblains are of a very severe character, or the following symptoms are present :—shining hot swelling of the feet, with round red spots and burning pain. Blisters on the soles. Ulcers of the heels, filled with bloody pus. Hard red, blue, green, yellow, and very painful swelling of the feet. Blotches and pimples on the hands. Suppurating tumour between the thumb and forefinger, &c.

Although the foregoing remedies are very useful in removing the above-named symptoms, yet as chilblains generally depend upon a lowered tone of the general

health, and are mere symptoms of a languid circulation, it will usually be advisable to subject the patient to a bracing course of hydropathic treatment, simultaneously or after homœopathic treatment.

#### BOILS.

When there is much constitutional disturbance, fever, restlessness, &c., give Aconite 30, glob. j. in a tumbler of water, one teaspoonful every four or six hours; or, if the child be tolerably strong, the wet sheet packing for 20 min., followed by a wet towel friction or pail douche, temperature of water from 70° to 60° F., according to circumstances. This may be given once a day during the worst stage.

If there be much local inflammation, Belladonna is applicable, given in the same way as the Aconite. When there is neither much local inflammation nor general disturbance, Arnica 30, glob. j. in a little water every morning will suffice. If there be sluggish action of the boil, and it neither comes forward nor is absorbed, give Hepar Sulphuris, one globule night and morning for two days.

Boils are of constitutional origin; therefore the general tonic hydropathic treatment eradicates the tendency to their formation. Compresses should be applied locally, and a mildly bracing system of baths should be followed up, until every vestige of the disease has disappeared.

*Case.*

Mr. R——, aged about 16, had suffered a long time from boils, which broke out successively, crop after crop; so that he was never entirely free from them. Under the subjoined treatment he entirely recovered:—

1853.	Morning.	Mid-day.	Afternoon.
Jan. 8.	Shallow b.	Pail douche.	Pail douche.
— 15.	As before.	Half wet sheet pack 40 m., fol- lowed by wet towel rubbing.	
— 22.	As before.	As before, thrice a week only.	Pail douche.
Feb. 5.	Pail douche.	Pail douche.	Pail douche.
— 19.	As before.	Sitz 10 m.	As before.
— 26.	As before.	Pail douche.	As before.

This treatment was continued about a fortnight, when the patient left the Establishment, quite cured.

## WHITLOW

Is an inflammation, usually commencing as a small abscess in the extremities of the fingers, attended with great suffering, and often ending in ulceration and the loss of the nail.

Apply to the part poultices of bread and water. If proud flesh form, the part may be dusted with a little powdered white sugar; or if this be not sufficient, it must be touched with nitrate of silver. If there

issue a fetid discharge from the wound, a little finely powdered pure charcoal on the poultice will obviate the smell and cleanse the place.

Internally, *Mercurius Vivus* 30, one globule dissolved in a little water every morning. Should this not be sufficient, Sulphur in the same way.

Gentle hydropathic treatment will frequently be required to relieve fever, pain, restlessness, and to support the strength. These measures must be varied with varying emergencies. See chap. on Tonic Treatment.

#### ABSCESS AND ULCER.

When it is required to forward the process of supuration, *Hepar Sulphuris* is given; one globule in a little water night and morning.

When the suppuration continues too long, and requires to be checked, *Silicea* in the same way.

When there is much hard swelling round the abscess, *Mercurius Corr.*

When there is much inflammation, *Belladonna*.

#### *Case.*

Emily —, aged 12, daughter of a labourer, Salter St., Warwickshire. Bleeding sore on the left buttock, size of half a crown, which she has had for 3 years. Is strong and hearty in health. Appetite good; bowels regular; sleeps well. June 25, 1851.—Ordered dripping sheet three times a day. August 26.—Ulcer has been quite healed for a fortnight. I had an opportunity of

observing this young person for two or three years after this, and during that period the ulcer presented no appearance of breaking out again.

#### CORNS.

Against boring pains in corns, give Borax. For burning pains, Calcareo. For aching pain, Antimonium Crudum. For inflammation, Lycopodium. For tearing pain, Bryonia. For stitching pain, Antimonium Crudum. Children subject to corns ought frequently to run about on the wet grass or sand of the sea-shore, or take cold foot-baths, with exercise afterwards; to be lightly foot-clad, and have their general health looked after. Compresses sometimes afford relief.

#### WARTS.

For old warts, Calcareo, Causticum. Bleeding warts, Natrum. Inflamed warts, Causticum. Ulcerated warts, Calcareo, Causticum. Itching warts, Euphrasia. Painful warts, Calcareo, Causticum. Flat warts, Dulcamara. Large warts, Causticum. Small warts, Calcareo. Hard, horny warts, Antimonium, Borax.

#### ITCHING OF THE SKIN

May generally be removed by washing the part affected with warm water and yellow soap.

FATIGUE, WEARINESS, STIFFNESS, ETC., FROM BODILY  
EXERTION.

Dissolve one glob. of Arnica in half a tumbler of water, and take a teaspoonful three times a day.

Wash the part fatigued in cold or tepid water.

SWEATING.

Some children, not otherwise much out of health, sweat too much at night. Against this symptom, give China 30, one glob. in a little water on going to bed. Generally also this excessive action of the skin may be abated by washing the child in cold water before putting it to bed.

## PART IV.

## BATHS.

*Shallow Bath.*

WHAT is termed the shallow bath is merely a tub or zinc bath sufficiently wide and long for a person to sit down with extended legs. Into this water is poured, until it rises about four inches above the bottom. The patient sits down in the water, and immediately begins to rub himself all over in front, either with his wet hands or with a towel, which he dips repeatedly in the water. He rubs his limbs, his chest, his stomach, and face; and every now and then throws a double handful of water over his head, which he also rubs in its turn. In the mean time, an attendant is actively employed in rubbing the back and ribs from behind. The operation may last from one to ten minutes, according to the judgment of the practitioner who prescribes it, the nature of the disease, constitution, &c. On coming out of this bath, a large dry sheet is immediately thrown over the patient as he stands up, like a cloak. With this he dries himself as quickly as possible, and then dresses for his walk. It may be as well to remark here, that after all the baths, the patient is dried, not

with towels, but by means of a dry sheet thrown round him. This is termed the drying sheet, and it is far preferable to towels; because, by its aid, the whole surface is dried at once, and evaporation from any part of the body—which is very chilling and injurious—is effectually prevented. It may be observed, also, that active exercise in the open air is generally required, both before and after most of the baths.

#### *Full Bath.*

The full bath is the same as the shallow bath, except that in the full bath the water comes up to the patient's waist, instead of barely covering the legs, as in the shallow bath.

#### *Splash Bath.*

A small stool is placed in the shallow bath. Upon this the patient sits, and is well splashed by the attendant.

#### *Brook Bath.*

I frequently send the poor who ask my advice, to the brooks which abound in my neighbourhood. They warm themselves by walking, it may be a mile or more to the brook; they then undress, sit down in the stream, if it be not too deep, and splash and rub themselves vigorously. After a minute or two, they go out, dress, and return home.

#### *Plunge Bath.*

The plunge bath is too familiar to require descrip-

tion ; when prescribed hydropathically, the patient only stays in it one, two, or three minutes, rarely longer ; otherwise the reaction which is desired would not be developed.

*Shower Bath.*

The shower bath also requires no description. It is well adapted to certain healthy constitutions, but is rarely applicable to cases of disease.

*Wet Spinal Friction.*

The patient is undressed, and stands upright in a bath, or sits upon a stool, while the attendant rubs his back with a towel dipped in cold water, and wrung out more or less completely, or not wrung out at all, according to circumstances. The towel is to be dipped once or more frequently into water, according to the special conditions of the case. Generally, this operation should not last longer than one or two minutes.

*Wet Friction.*

The patient stands up undressed, and receives from the bath attendant a towel which has been dipped in water, and then wrung out as dry as possible. With this towel he rubs himself all over in front, while the bath-man rubs him behind with a similar towel. The operation lasts one, two, or more minutes ; and when it is concluded, the patient is wrapped in the drying sheet, and dried.

*Under-blanket Friction.*

All the coverings are stripped from a bed, except a single blanket upon the mattress. Upon the blanket the patient lies down, and is covered by a second blanket thrown over him. The bath-man now dips a towel into cold water, wrings it out more or less according to circumstances, and having wrapped it around his hand and wrist, introduces his hand beneath the upper blanket, and rubs the patient's body, back and front and extremities. The towel may be dipped in water only once, or several times, and the rubbing may be continued from one or two to five or ten minutes, according to the exigencies of the particular case. This application is adapted to many cases of debility, in which exercise is impossible.

*Wet Rubbing Towels.*

This process is performed in the following manner. The patient stands up in an empty tub or bath, beside which stands a pail of cold water, with two coarse towels soaking in it. The bath attendant, taking his place behind the patient, lifts one of the towels, all loaded with water, and lays it quietly on the patient's head. The patient immediately seizes it, removes it from his head, and rubs himself rapidly with it—his face, his throat, shoulders, arms, chest, abdomen, and legs. Having gone rapidly over the body once, he drops his towel into the pail again, which the bath-man presses down to the bottom of the water, then lifts it out, and places it on his head again. As

before, the patient seizes it, and goes all over the same ground once more; and then drops it into the water, when the bath-man again lifts it, and again places it on the head, to be a third time removed by the patient, and applied as before, rapidly, actively, and energetically, all over his body in front. The bath-man is industriously occupied all the time behind in the same manner, from the back of the neck to the back of the legs, wetting his own towel as often as he wets that used by the patient, viz. three times. This is called The Wet Rubbing Towels of three towels. The patient is then rubbed in the drying sheet, dressed, and sent out to walk.

*Upstanding—Dripping or Rubbing Sheet.*

The bath which is called the dripping sheet is administered in the following manner:—The patient stands up on the floor, or in a tub or bath. A sheet of convenient size is then dipped in cold water, and as much of the loose water is then wrung out of it as is sufficient to keep it from dripping at the bottom. This is thrown over the patient (head and all) from behind, like a cloak; and it should be long enough to reach down to the ankles, and wide enough to enable the patient to seize those loose parts of the sheet which will hang in front, and use them as towels. With those loose portions of the sheet the patient rubs himself actively and rapidly from his face to his feet. In the mean while the attendant rubs him well behind—the back of the neck, points of the shoulders, ribs, spine, back of the lower limbs, &c. But the at-

tendant does not rub the skin with the sheet, but he rubs the sheet itself, as it clings to the body, with his hand, his hand passing rapidly over the sheet without moving it, as one may rub one's hand over a glove. This operation may last one, two, or more minutes, when a dry sheet is thrown over the patient, in which he is again rubbed till dry.

*Recumbent Rubbing Sheet.*

In certain cases where it is desirable to apply the rubbing sheet, but the patient is too weak to stand, he may be wrapped in the dripping sheet, and then allowed to lie upon a blanket thrown over the mattress of a bed. In this position he may be rubbed for the appointed time. Priessnitz had recourse to this operation in some cases of cholera Asiatica.

*Can or Pail Douche.*

The patient seats himself in an empty tub or bath ; and immediately as many pails or cans of water as are ordered are dashed over him suddenly, one after the other, one before and one behind ; not poured, but thrown with some force, by first a backward and then forward motion of the pail. The patient then steps out of the bath, and is dried in the drying sheet.

*Douche.*

The douche is a column of water, three inches in diameter, more or less, rushing downward from a height of twelve to twenty feet. The douche is taken in the following manner:—The patient should first place

himself close beside the column of water as it falls, and fix his eye upon it. Then he should extend his right arm under it, making it run up and down his arm for a moment or two. The douche should then cross over the back of the neck, and run up and down the left arm. The patient must then bend his head somewhat backward, and allow the water to strike obliquely against his chest, and bending more backward still against his abdomen. Next stooping forward, he is to receive the fall upon the back of his neck, and cause it to run up and down his back. After this he should recede a little, and take the water upon his extended legs and feet, in the same way as he previously received it upon his arm. In short, the douche should play over the whole body; over every portion successively, except the head. When standing directly under the douche, the patient should guard his head with uplifted and clasped hands, as a swimmer protects his head previously to plunging into the river. The whole operation of taking the douche is usually concluded in one or two minutes. This bath, so terrible to him who stays fearfully at home, and receives as gospel all the fables which are narrated of hydropathy, is however one of the most bracing and delightful processes of the system. It is never ordered but to persons possessed of considerable power of constitution, and after suitable training. A great many patients never take it at all.

*Wet Sheet Packing.*

We now come to speak of the crowning glory of the water-cure, of a discovery which, before fifty years are past, will place its author in the world's estimation upon a par with the discoverers of vaccination, and of the circulation of the blood, of a remedy which reduces inflammation as speedily as the lancet, but is followed by none of that debility which results from loss of blood; which combines the soothing properties of opium with the tonic power of quinine; which suddenly quenches the fires of fever, and slowly extracts from the blood the poisons of gout and of rheumatism. In acute disease, and in chronic disease, its blessings are equally marked; and, in short, it approaches nearer than any drug or medicinal application yet known to a panacea. Those who are familiar with the processes of hydropathy, will not deem me extravagant in praising thus highly the utilities of the process which I proceed immediately to describe. Remove from any ordinary bed every covering but the mattress, upon which a pillow is to be placed for the patient's head. Upon the mattress, and extending partly over the pillow, two blankets are to be spread; and upon the blankets lay a sheet which has been dipped in cold water, and then wrung out as dry as possible by two persons' strength. Upon this damp sheet the patient is to lie down undressed, with his head reposing on the pillow. The sheet is then folded tightly round the body, and the blankets are folded round the sheet. When this is completed,

several other blankets, one after the other, are laid upon the patient, and tucked well in round him on each side, so that he lies completely encased, and unable to stir hand or foot. In some instances, the blankets are not sufficient, and a small feather bed is super-imposed. A linen napkin is generally introduced between the patient's chin and the blankets, in order to prevent irritation of the skin by the coarse woollen fibres. In this condition, the patient is to lie a quarter of an hour, half an hour, an hour, or longer, according to circumstances. At the expiration of the prescribed time, he is taken out of the packing, and immediately submitted to one of the forms of bath described a short time since, viz. the shallow bath, dripping sheet, wet rubbing towels, or pail douche. He is then dried in the drying sheet, and either sent out to take exercise, or put to bed, according to the necessities of the disease. This process is termed the wet sheet packing.

#### *Half Wet Sheet Packing.*

The half wet sheet packing is performed exactly like the whole wet sheet packing; but the sheet extends only from the arm-pits to the knees; and the arms are not included in the sheet, but only in the enveloping blanket.

#### *Front and Back Towel Packing.*

In these operations, the patient is enveloped in the blankets as in the preceding bath, but instead of a whole or half wet sheet, only a wrung-out towel is

spread over the front or under the back of the body between the body and the blankets.

*Steam or Vapour Bath.*

There are many methods of exhibiting a vapour bath. The following method answers very well, when no convenient apparatus is at hand, and is well adapted to domestic purposes. The patient seats himself naked on a chair, and is then covered up in two large blankets, one of which is thrown over him from behind, and covers the back of the chair, while the other protects the knees and front of the body. The blankets are tucked tightly round the neck and pinned together, and should be sufficiently ample not only completely to envelope the chair and the whole person, but to droop for some little distance upon the ground. The patient being comfortably settled, with his feet resting upon an ottoman or stool, if the seat of the chair be rather high from the ground, a shallow pan, the area of which should not be less than a square foot, is pushed under the chair, and a brick, previously heated as hot as possible, is by the aid of tongs deposited in it. A quantity of boiling water sufficient to half cover the brick is next poured into the pan, and a gush of heated vapour instantly rises. As soon as the development of vapour seems to languish, the brick should be turned, so as to bring its dry surface into contact with the water. Generally speaking, the patient should be taken out of this bath at the expiration of ten or fifteen minutes, although in certain cases it may be prolonged beyond this period. While

sitting in the bath, the patient should drink more or less of cold water; and if he feel faint, his face and forehead should be wiped with a towel dipped in cold water. Two or three minutes before the conclusion of the bath, it is, in some cases, useful to pour a table-spoonful of ordinary domestic vinegar upon the smoking brick. The acetic vapour which rises slightly stimulates the skin, and imparts a sensation of freshness which is desirable. From this bath the patient steps into a tub or zinc bath near at hand, and undergoes the wet rubbing towels, pail douche, or dripping sheet operation. Sometimes, instead of these, the plunge, or shower bath, or douche is prescribed. In certain cases, instead of going into the cold bath, the patient is wrapped up in heated blankets, and put to bed, where he is allowed to lie until the perspiration and general excitement of the system have subsided.

This form of bath I have used extensively among the poor, and can recommend it highly. By its means I have cured diseases which had defied all ordinary remedies, and which promised to embitter the whole future existence of the sufferers.

#### *Hot Air Bath.*

The patient sits wrapped up in blankets upon a chair beneath which a spirit lamp, enclosed in a guard, is burning. The heated air, coming in contact with the body, quickly produces perspiration, which is the effect desired.

*Blanket Packing.*

The blanket packing is performed exactly as the wet sheet packing, omitting the wet sheet. Everything having been removed from the mattress, a pillow is placed upon it for the patient's head. Upon this mattress, and extending over the pillow, two blankets are spread. The patient lies down on his back, perfectly unclothed, upon these blankets, with his head comfortably placed on the pillow. An attendant now approaches, say on the patient's left, and, first puckering the blanket from the back of the head down to the back of the neck, reaches across his chest, seizes the right upper corners of the blankets, brings them tightly across under the chin, to his own side (the left), and tucks them well and evenly under the left shoulder, where it joins the root of the neck, and under the point of the same shoulder. He now reaches across the body again, and brings over all the rest of the right sides of the blankets to the left side of the patient, and then proceeds to tuck them well and evenly under his left side, beginning where he left off, at the point of the left shoulder, and proceeding quite down to the heels. The patient is now entirely enveloped in one half of the blankets, and the attendant finishes the operation by passing over to the right side of the patient, and then proceeding to tuck the left sides of the blankets under the right side, precisely in the same manner as we have just seen him tuck the right sides of the blankets under the left side of the patient. The attendant, standing on the right side of the patient's legs, finally

insinuates his left hand under the backs of the ankles, lifts them up, and then with his right hand turns back the loose ends of the blankets under the heels. Four or five other blankets doubled are laid over all, extending from the chin to below the feet, and these superincumbent coverings are pressed down closely against the sides, and a napkin is placed under the chin to prevent the tickling effects of the woolly fibres. Over these a small feather-bed or eider-down quilt may be placed. As soon as the packing is concluded, the window should be set open. If the head get uncomfortable, a wet towel may be applied to it. To expedite perspiration, the patient may drink a considerable quantity of cold water at intervals. Perspiration will appear sooner if the patient make some little exertion; but it is rarely elicited before two, or three, or four hours have elapsed. After the packing, the patient takes some form of cold bath.

#### *Head Shallow Bath.*

A person lying upon his back reposes the back of his head in a conveniently shaped pan, containing water an inch or two deep. After a time the patient turns on his right side, and immerses the right side of his head and face in the water, and after a brief period turns again on his left side, and serves the left side of his head and face in the same manner.

#### *Head Douche.*

The patient frees his or her neck from every tight restrictive covering; and, if it be a lady, takes all the

combs, pins, &c. out of her hair, which she throws forward over her head in the shape of a long rope. A blanket is thrown round the shoulders, and brought closely round the neck; the patient kneels down, and holds his or her head well forward over a shallow bath or tub, or similar vessel, while an attendant empties over the back of the head one, two, or more cans of water. The patient rises, the head is wiped, but without much or strong friction, and the hair is adjusted. Ladies after taking this bath should walk in the open air with their hair unbound until the hair is tolerably dry. This bath has an excellent effect in stimulating the growth of the hair in persons whose hair is thin and weak.

#### *Head Plunge.*

The patient plunges his head completely over ears into a tub of water, once or more frequently.

#### *Eye or Ear Shallow Bath.*

A kind of cup made to fit the eye or ear is filled with water, and the eye or ear is immersed for one, two, or more minutes.

#### *Eye Douche.*

A siphon apparatus is employed when it is wished to direct a jet of water upon the eye, or a syringe may be sometimes used.

*Mouth-washing.*

The patients are sometimes directed to hold cold water in the mouth for a longer or shorter space of time. It occasionally cures tooth-ache.

*Sitz Bath.*

Water to the depth of about four inches is poured into a conveniently shaped bath, and the patient sits in it for five, ten, fifteen, twenty, or more minutes. Generally a blanket or other covering is thrown round the patient, to prevent his becoming chilled. He is usually enjoined to keep up vigorous friction of the abdomen the whole time. In cases of Asiatic cholera, Priessnitz was in the habit of employing this bath, combined with the rubbing sheet. The patient sits undressed in the water, a dripping sheet is then thrown over him, and he is vigorously rubbed by a bath attendant.

*Running Sitz.*

This is a sitz bath, so contrived, that while fresh water is constantly running in from certain apertures, the old water is constantly escaping.

*Fountain Sitz.*

A person sits upon a sort of stool, with a central aperture, through which rises a jet of water.

*Hand Shallow Bath.*

Cold water is poured into a flat vessel, as a plate, and the palm of the hand is laid in the water. The water does not cover the back of the hand. When both hands are subjected to this treatment, it is better to employ different vessels. It is necessary to warm the hands by friction, both before and after this application.

*Hand Full Bath.*

In this case the hands are completely immersed.

*Elbow Bath.*

The elbow is immersed in water in such a way that the water completely surrounds the joint. Considerable friction is required during this operation.

*Arm Shallow Bath.*

The whole arm or fore-arm only reposes in a shallow vessel, containing an inch of water, for one or more minutes. Generally speaking, friction is necessary, and exercise before and after.

*Arm Plunge.*

The arm is dipped in water, and immediately taken out and dried.

*Arm Immersion.*

The arm is immersed in water for one or more minutes.

*Foot Shallow Bath*

Is taken precisely as the hand shallow bath, except that the sole of the foot is placed in water, instead of the palm of the hand. It is generally taken for five or ten minutes.

*Foot Full Bath.*

The water comes over the instep. During this bath, the feet should be rubbed together.

*Leg Shallow Bath*

Is exactly analogous to the arm shallow bath.

*Leg Plunge and Leg Immersion.*

The leg is either plunged up to the knee or hip in water, and immediately withdrawn, or it is allowed to remain in the water one, five, ten, or more minutes.

*Local Douches*

May be applied to any part of the body.

*Friction with Wet Hands.*

This is a very useful mode of proceeding. It may be administered to any part of the body, but is more frequently used to the throat than any other part. I have found it effective in cases of contracted sinews.

*Friction with Wet Towels*

May also be applied to any part of the body, but is

more useful over the stomach and abdomen than elsewhere.

### *Injections.*

Cold water may be thrown by the aid of syringes into the different inlets of the body, as the ears and nose. These injections are sometimes highly efficient.

### *Compresses—Gräfenberg Heating Compress.*

This consists of a piece of coarse linen some  $8\frac{1}{2}$  feet long, and 8 or 9 inches broad, furnished at one end with two tape-strings. Previously to putting it on, it should be rolled up like a surgeon's bandage, beginning at the tape end; then a portion of it, sufficient to go once round the body, should be wetted and well wrung out, and afterwards wrapped round the abdomen, the dry portion enveloping the wetted part. The whole should be fastened and kept on by the tapes. This bandage when prescribed is usually worn all day, and wetted at each bath; sometimes it is worn also at night.

### *Chest Bandage.*

The chest bandage is made of coarse linen, doubled, in the shape of a breastplate. It should fit the chest and be fastened round the neck, under the arms, and round the waist by tapes. There should be two breastplates, one to button into the other; the smaller one, that which is next the skin, to be wetted, the larger one to be dry.

*Malvern Compresses.*

At Malvern sometimes, instead of covering the wet linen with dry linen, oil-skin, macintosh, or other impermeable material is substituted for the dry linen. This is useful in certain cases; but on the whole, the Græfenberg method is preferable.

*Wet Cap.*

A compress similar to those above described, but covering the head, is called the wet cap.

*Other Compresses.*

Compresses may be applied to the arm, leg, joints, and in fact almost anywhere; and are frequently so applied.

*Temperature of the Baths.*

No point in the hydropathic treatment requires greater attention than the adjustment of the temperature of the baths to the individuality of the patients. To administer to all patients water of the same temperature would, in an hydropathist, be a fault equal to that which would be laughed at in an allopathist, who should prescribe to every patient the same drug. The temperature of the baths is a point of the highest importance. In the majority of ordinary cases, the temperature of the bath should be between 50° F. and 60° F. In many instances the temperature ought to be increased to 70°, and cases are by no means uncommon where the temperature should be as high as

80° F. The utility of baths at a higher temperature than 80° F. is limited, but they are occasionally very serviceable for temporary purposes.

The temperature of baths may be considered as cold, tepid, warm, and hot; the actual number of degrees upon the thermometer, designating these conditions, will vary in the case of every patient. Water at the temperature of 65° F., will be cold to one person, warm to another, and merely tepid to a third. Hence, if we want to give a patient a tepid bath, we are not at once to leap to the conclusion that the temperature of the water should be 65° F. In the water-cure we frequently transfer a patient from a bath of one temperature to a bath of a different temperature—from a hot or tepid to a cold bath. On the same principle, we may prescribe for a patient a *warm* shallow bath, ordering that from time to time *cold* water shall be poured over his back and chest. The transition is generally made from the warm to the cold bath, not from the cold to the warm, although in certain cases I have employed the latter practice, which it is well known was familiar to the Romans, who passed from the frigidarium to the calidarium, as well as from the calidarium to the frigidarium.

## APPENDIX.

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### USES OF CHARCOAL AND OF CHLORIDE OF LIME.

FRESH-BUENT powdered charcoal is a powerful deodoriser. It accelerates decomposition, but deprives this process of the offensive odour which usually accompanies it. It is therefore very useful in the sick room, in all cases of offensive ulcers, corrupt secretions, as in dysentery, &c. A portion should be placed in an open pan, and kept in the room. Half a teaspoonful of this charcoal (that prepared from the young twigs of the poplar is the best), mixed with  $\frac{1}{2}$  a pint or a pint of water, forms a very good gargle in cases of ulcers in the mouth, attended with a bad smell, in bad breath, &c. It may also be used as an injection for the bowels or vagina, in offensive diarrhoea or leucorrhoea, when an ulcer smells offensively, it may either be powdered with charcoal or crushed with the above mixture; or even if the dressings of the wound be sprinkled *externally* with charcoal, the same effect will be produced. The uses of chloride of lime are very similar; but it is more irritating than charcoal.

## SUSPENDED ANIMATION.

*Directions of the Royal Humane Society.*

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*Send quickly for Medical Assistance.*

1. Lose no time.—2. Avoid all rough usage.—3. Never hold the body up by the feet.—4. Nor roll the body on casks.—5. Nor rub the body with salt or spirits.—6. Nor inject tobacco-smoke or infusion of tobacco.

*To restore the apparently drowned.*

1. Convey the body carefully, with the head and shoulders supported in a raised position, to the nearest house.

2. Strip the body, and rub it dry; then wrap it in hot blankets, and place it in a warm bed, in a warm chamber free from smoke.

3. Wipe and cleanse the mouth and nostrils.

4. In order to restore the natural warmth of the body—

Move a heated covered warming-pan over the back and spine.

Put bladders or bottles of hot water or heated bricks to the pit of the stomach, the armpits, between the thighs, and to the soles of the feet.

Foment the body with hot flannels.

Rub the body briskly with the hand; do not, how-

ever, suspend the use of the other means at the same time; but, if possible,

Immerse the body in a warm bath, at blood heat, or 98° of the thermometer, as this is preferable to the other means for restoring warmth.

5. Volatile salts or hartshorn may be passed occasionally to and fro under the nostrils.

6. No more persons to be admitted into the room than are absolutely necessary.

#### *General Observations.*

The above treatment ought, if necessary, to be persevered in for three or four hours. It is an erroneous opinion, that persons are irrecoverable because life does not soon make its appearance; and it is absurd to suppose that a body must not be meddled with or removed without the permission of a coroner.

#### *To restore the apparently dead from intense cold.*

Rub the body with snow, ice, or cold water. Restore warmth by slow degrees; and after some time, if necessary, employ the means recommended for the apparently drowned. *In these accidents it is highly dangerous to apply heat too early.*

#### *To restore the apparently dead from noxious vapours, &c.*

1. Remove the body into a cool fresh air.—2. Dash cold water on the neck, face, and breast frequently.—3. If the body be cold, apply warmth, as recommended for the apparently drowned.

*Management after Recovery.*

On the restoration of life, a teaspoonful of warm water should be given ; and then, if the power of swallowing be returned, small quantities of warm wine and water, or weak brandy and water, warm ; the patient should be kept in bed, and a disposition to sleep encouraged. Great care is requisite to maintain the restored vital actions, and, at the same time, to prevent undue excitement.

DIET TABLE OF HOSPITAL FOR SICK CHILDREN.

	SIMPLE DIET.	PUDDING DIET.	BROTH DIET.	MEAT DIET.
Breakfast at 8 o'clock.	Bread, 3 oz., scalded with water one-sixth pint; Ditto, with Milk, quarter-pint.	Bread, 4 oz.; Milk, half-pint.	Bread, 4 oz., with Butter; Cocoa, one-third pint, or Bread and Milk.	Bread, 4 oz., with Butter; Cocoa, one-third pint, or Bread and Milk.
Dinner at 12 o'clock.	Bread, 1 oz. Gruel, half-pint. or Bread, 1 oz.; thin Arrowroot, half-pint.	Rice Pudding, Bread Pudding, or Suet Pudding; Milk and Water, quarter-pint.	Bread, 3 oz.; Mutton Broth, with Vegetables, half-pint; Mashed Potatoes, 4 oz.	Roast Mutton, 3 oz. (when cooked); Mutton Broth (strained), half-pint; Mashed Potatoes, 6 oz.
Tea at 4 o'clock.	Acidulated Barley-Water, or Acidulated Rice Drink.	Bread, 4 oz., with Butter; Milk and Water one-third pint.	Bread, 4 oz., with Butter; Milk and Water one-third pint.	Bread, 4 oz., with Butter; Milk and Water, one-third pint.
Supper at 6 o'clock.	as drinks.	Thin Arrowroot, one-third pint.	Gruel, one-third pint.	Gruel, one-third pint.

Children under eight years old to have a third less.

*Extras*, as Mutton Chops, Fish, Eggs, Beef Tea, &c., may be ordered, as may Wine, Beer, or Spirits, for any of the Patients for whom the Medical Officers think fit to prescribe them.

## RECEIPTS FOR THE ABOVE DIET TABLE.

*Cocoa*.—Cocoa Nibs, half oz. ; Water, one pint, boil to half pint ; add half pint of Milk ; half oz. Sugar.

*Gruel*.—Grits, one oz. ; Water, two-thirds pint ; Milk, one-third pint ; Sugar, half oz.—*Milk and Water*.—Milk, two-thirds pint ; Water, one-third pint ; Sugar, quarter oz.

*Arrow-root*.—Arrow-root, half oz. ; Water, three-quarters pint ; Milk, quarter pint ; Sugar, half oz.—*Thin Arrow-root for Drink*.—Made with quarter oz. of Arrow-root.

*Rice Pudding*.—Carolina Rice, half oz. ; Sugar, half oz. ; Milk, half pint.

*Bread Pudding*.—Either boiled or baked ; half breakfast cup or two oz. of Bread Crumbs, one Egg, half pint of Milk, half oz. of Sugar.

*Mutton Broth*.—Half pound Meat ; one oz. Carrot ; one oz. Turnip ; half oz. Barley ; one and a half pint of Water to make one and a quarter pint of Broth. Served with the Meat in it.

*Suet Pudding*.—Half lb. Flour ; half lb. Suet ; half lb. Bread Crumbs, with a little Salt and a little powdered Ginger, if liked, mixed with Water, and boiled for two hours.

*Mashed Potatoes*.—Mashed without Butter, with Milk only.—The Meat for Mutton Broth—Neck of Mutton.—For Meat Diet—Mutton, legs and shoulders only.

*Acidulated Rice Drink*.—One oz. ground Rice ; two quarts Water ; boil and strain ; sweeten with Barley-sugar, one oz. ; acidulated with one oz. of Lemon juice.

*Acidulated Barley Water*.—Barley Water, three pints ; two Lemons sliced ; boil to a quart ; sweeten with two oz. of Loaf Sugar.

*White Decoction*.—One oz. Bread Crumbs ; half oz. of Harts-horn Shavings ; three pints Water ; boil to two ; flavour with Lemon Peel ; sweeten with one oz. Sugar.

## NURSERY TREATMENT OF INFANTS.

*Submitted to Prince Albert.*

"TO THE EDITOR OF THE LANCET.

"SIR,—Having been strongly urged to give publicity to the observations upon the nursery treatment of infants which I lately had the honour of submitting to his Royal Highness Prince Albert, I herewith transmit an outline of them, hoping that it may benefit the rising generation. After twenty-six years' extensive practice as a surgeon-accoucheur, I believe that at least *half* of the infants who die *within a year after weaning* might be saved by giving them the milk of *one cow*, and *one only*.

"I remain, &c.,

"JOSHUA WADDINGTON, F.R.C.S.E.

"Consult. Surg. to Royal Sea-bathing Infirm.

"Marine Terrace, Margate, Dec. 16th, 1842."

"No other kind of milk to be given to an infant in addition to the milk of the mother or wet nurse.

"The less rocking the better.

"When asleep, to be laid upon its *right* side.

"The best food is 'Leman's biscuit powder,' soaked for twelve hours in cold spring-water, then *boiled* for half an hour, not simmered, or it will turn sour. Very little sugar to be added to the food, and then *only* at the time *when given*.

"Sweets of every kind are most injurious, producing acidity, flatulency, and indigestion, sores in the mouth, and disordered secretions.

"An infant will take medicine the more readily if made lukewarm in a cup placed in hot water, adding a very little sugar *when given*.

"The warm bath (at 94 degrees of heat, *not less*, for *ten minutes*, every other night) is a valuable remedy in many cases of habitual sickness or constipation.

"'Soothing-syrup,' sedatives, and anodynes, of every kind, are most prejudicial. They stop the secretions. A very small quantity of laudanum given to an infant may produce coma and death.

"When an infant is weaned, which is generally advisable at the age of nine months, it is of the utmost importance that it be fed with the milk of *one cow*, and *one only* (a milch cow), mixed with 'Leman's biscuit-powder' (prepared as before directed), *very little sugar*.

"Boiled bread pudding forms a light and nutritious dinner, made with stale bread, hot milk, an egg, and very little sugar.

"When an infant is twelve months of age, bread and milk should be given every night and morning: stale bread toasted, soaked in a little hot water, and then the milk (*of one cow*) added *cold*.

"Solid meat is not generally required until an infant is fifteen months of age, and then to be given sparingly, and cut very fine. Roasted mutton, or broiled mutton-chop (without fat), is the best meat: next to that, tender *lean* beef or lamb; then fowl, which is better

than chicken ; no pork or veal ; no pastry ; no cheese ; *the less butter the better.*

"An infant should not be put upon its feet soon, especially while *teething*, or *indisposed*.

"*Avoid over-feeding* at all times, more particularly during *teething*. It is very likely to produce indigestion and disordered secretions, the usual *primary causes* of convulsions, various eruptive complaints, and inflammatory affections of the head, throat, and chest."—*Lancet*, Dec. 24th, 1842.

DEATH FROM BLEEDING CAUSED BY LANCING THE  
GUMS.

"TO THE EDITOR OF THE LANCET.

"SIR—Your correspondent, Dr. Whitworth, who thinks his case of fatal hæmorrhage from lancing the gums to be unique, will find a similar one communicated by Dr. Taynton to the late *Medical Gazette* so far back as January, 1836 ; besides, at least, two others in the second volume of the *Lancet* for 1846.

"Mr. Taynton, after stating that his little patient, six months old, had the gums lanced on Sunday, and, in spite of various styptics, including, as in Dr. Whitworth's case, the actual cautery (searing with hot iron) died from the loss of blood on the Tuesday following, proceeds as follows :—Now suppose such a case had occurred in a family of high rank, and the child had died, what a sensation would it not have caused ! And how highly injurious might it not have proved to the surgeon's reputation ! A similar case might happen again.

Surely, then, it is important to know what mode of treatment would be likely to arrest the hæmorrhage ; and I hope that some of your able correspondents will favour us with their opinion on the subject.

“As I am not aware that this appeal to the opinion of medical men was ever responded to, though the conjecture that cases of the same distressing kind might happen again has been repeatedly realized, I beg to offer you my own ideas on the subject.—The first point to consider is, how the occurrence may be prevented. If, as in Mr. Taynton’s case, the hæmorrhage diathesis exists, no one knowing this would think of scarification. It may be advisable, therefore, in every instance when that operation is indicated, and the child is under a twelvemonth, to inquire whether that peculiar constitution exists in the family. Surely, it is proper to put the question a thousand times in vain, rather than lose the chance of avoiding that most painful of all a medical man’s trials—the sight of a helpless patient dying through the very means employed for his relief.

“Another most important rule is to make no long incision, but, if several teeth are advancing on the same line of gum, to let the scarifications be short and detached. In one of the cases I have met with in the *Lancet*, the gum-fleam had slipped from over the crown of the tooth backwards, and had separated the gum, to some extent, from the inner surface of the jaw-bone. This, of course, should be carefully avoided ; and it will more easily be so if no long incision is attempted.

“Though never so unfortunate as to meet with troublesome bleeding from any gums I myself have lanced,

the symptom has occasionally come under my treatment, and I have as yet nearly always succeeded in getting it under by pressure with the finger upon a suitable compress saturated with a strong solution of nitrate of silver. In one case only, that of Captain V——, do I remember employing the caustic in substance. That gallant officer, on the 4th of November, 1846, had been to a dentist, who had made a horizontal incision over the roots of the left upper bicuspid, which had bled the whole two miles of his walk home; and by the time I arrived, had produced considerable pallor and faintness, and filled the mouth with coagulum. After applying the compress for a quarter of an hour, with partial effect, I saw the jet of a small artery, and after touching it with a point of lunar caustic, had no further trouble. With infants, however, on account of the delicacy of their mucous membrane, and especially with those whom I suspected of the hæmorrhage diathesis, I would carefully avoid the solid nitrate of silver, for fear of secondary bleeding on the separation of the slough.

“Independently of local measures, it would seem prudent to give, from time to time, a few drops of Tincture of Ergot, or other internal styptic (perhaps the Tincture of Matico), so long as hæmorrhage continued; and last in mentioning, though first to be remembered, one ought always, on learning that a child’s gums were bleeding unusually after scarification, to *attend immediately*, which appears not to have been done in all the cases reported.

“F. A. BONNEY.”

"TO THE EDITOR OF THE LANCET.

"SIR—The case of 'Death from Hæmorrhage consequent upon lancing the gums,' recorded in the *Lancet* of April 24th, as having occurred to Dr. Whitworth, recalls to my remembrance a similar fatality that befell an infant under my care many years ago.

"Upon referring to my books, I find that in October, 1838, I was requested to lance the gums of an infant four or five months old, who was suffering from swelling and inflammation therein. I scarified them: and happening to pass the house about an hour afterwards, I was requested to visit the child again, as the mother informed me that the bleeding from the incision still continued. Having no styptic with me, I made use of pressure for some short time, when the bleeding seemed to be completely arrested. At about seven o'clock the same evening, I was again sent for, and found that the child had suffered a rather severe loss of blood. I again resorted to pressure for some time, but without any beneficial effect; and then I cauterized the bleeding surface of the gums with the nitrate of silver; this seemed perfectly to arrest the hæmorrhage. I, however, left word that I was to be sent for, if anything untoward happened to my patient during the night. On riding over the following morning to see my patient I found it on its nurse's knee, in *articulo mortis*, and was told, that oozing from the incision had been going on most of the night; and yet they had neglected to apprize me of it, but had sent for another surgeon. What he had done I am not aware of. The child, however, died the same day.

"I am afraid that such cases are not so 'unique' as your correspondent seems to think; and I fear that others may have similar disasters to record.

"EDWARD DES FORGES.

"Aug. 21, 1852."

In this case, the proper treatment would have been to undress the child and dash cold water over it. Arnica should also have been given externally and internally, in the following manner:—Tincture of Arnica, two or three drops, in a tumblerful of water; a teaspoonful at a dose. A piece of rag moistened with the solution should also have been applied to the gums.

CASES OF POISONING BY COLOURED CONFECTIONERY,  
WITH REMARKS.

*By H. Letheby, M. B., Lecturer on Chemistry in the  
London Hospital.*

"HANNAH MARTIN, aged 4½ years, Jane Embden, aged 10 years, and Amelia Leir, also aged 10 years, were admitted into the London Hospital, on Sunday, April 28th ult., suffering from violent sickness and great prostration of strength.

"It appears that they had bought some sugared ornaments and coloured confectionery from a Jew in Petticoat Lane; and that soon after they had partaken of these sweetmeats they became very sick, complained of a burning sensation in the mouth, fauces, and œsophagus, of great pain in the stomach and abdomen, and were seized with violent retching, which was attended, after

a few hours, with profuse purging. When they were admitted into the hospital they were seriously ill, for the features looked pale and shrunk, the extremities were deathly cold, the pulse was, in each case, small and feeble, and the surface of the body, especially of the last-named child, was covered with a clammy perspiration. Emetics of sulphate of zinc were instantly administered, and the vomited matters were saved for analysis. Antidotes of milk, white of egg, and demulcents, were also given in great abundance; and, after the sickness had subsided, they were permitted to sleep, from which state they awoke considerably revived.

"The vomited matters were evaporated to dryness, and the solid residue, not amounting to two drachms in weight, yielded abundant evidence of the presence of arsenic, copper, lead, iron, and zinc, all of which metals, excepting the last-named, had, doubtless, been derived from the confectionery of which the children had partaken.

"On making inquiry into the matter, we were informed, that between thirty and forty children had been attacked in a similar way, and that they had all purchased sweetmeats from the Jew in question; but it does not appear that he was acquainted with the poisonous nature of his merchandise, for he had purchased it (so he stated) as the refuse stock of a large and very respectable firm in the City.

"It is not generally known, that the ornamental kinds of confectionery are frequently tinted with poisonous pigments; that the greens, for example, are commonly produced by means of arsenite of copper

(Scheel's green), verdigris, or a mixture of chrome and Prussian blue; the yellows, by chromate of lead; the reds, by vermilion (bisulphuret of mercury), or oxide of iron; and the whites, by carbonate of lead, oxide or carbonate of zinc, chalk, or sulphate of baryta; and that, frequently, the fine frosting which covers the commoner kinds of twelfth-cakes, and the hard white sugar of comfits, contain from 10 to 30 per cent. of plaster of Paris or of whiting.

"I have been induced to record the preceding cases, not so much for the purpose of exhibiting the nature of the symptoms observed as with the view of showing the necessity for some legislative interference in a matter of what may truly be termed wholesale public poisoning; for, without such evidence before the mind, it would not be credited by the great bulk of the community, that many of the prettiest and daintiest looking confections of the dessert-table are like the choice luxury of the Queen-mother, but too often the source of danger to those who partake of them.

"Within the last three years no less than seventy cases of poisoning have been traced to this source; and how many, may we ask, have escaped discovery? In the month of September, 1847, Mr. Hetley, who is the visiting surgeon of St. Marylebone Infirmary, reported in the *Pharmaceutical Journal*, that he was requested, on the 14th of that month, to go as quickly as he could to the relief of some persons who had been taken suddenly and dangerously ill. He found three adults and eight children severely affected with vomiting and retching; the angles of their mouths

and linen being coloured green by the ejections. On seeking into the cause of this, he was told that one of the children had bought two-pennyworth of some coloured confectionery ornament, of which they had all partaken. Some of the offending article (a thin cake of sugar and Paris plaster, covered with a layer of bright green) was, however, found, and it at once made the case clear.

"In commenting on the above, Dr. Guy states, that 'an accident on a larger scale, but happily unattended by any fatal result, occurred in our own experience, one of the patients having been brought to King's College Hospital on the day after the accident. An ornamental green basket, after having been used at an evening party, was given to one of the attendants, who distributed the fragments among the inmates of a large workshop. Severe vomiting and purging was the result. On inquiry at several confectioners, we ascertained that arsenite of copper is commonly used to give a green colour to confectionery, and an analysis of a fragment of the basket confirmed this statement.'—*Ranking's Abstract*, vol. vii. p. 347.

"At the very time that the preceding article was going through the press, an inquiry was being instituted at Northampton before the county coroner, Mr. Hicks, respecting the death of Mr. William Cowfield, who, with twenty others, was poisoned at a public dinner given in that town, on the 7th of June, 1848, when it appeared that deceased had partaken of a blanc-mange, the top of which was coloured with

emerald green (arsenite of copper), and of which he died.

“In the month of February, 1849, Dr. W. Fergus published the case of three children, who were poisoned by eating the green-sugared ornaments from a twelfth-cake (*Med. Gaz.*, p. 304). And, in the month of June following, Professor Christison exhibited to members of the Edinburgh Medico-Chirurgical Society a green powder, which he had purchased at a confectioner's in that city. It was a portion of the stock employed to colour jellies, &c.; and, on examination, he found that it consisted of sugar mixed with verdigris and arsenite of copper. His attention was drawn to it by the severe illness of two maid-servants, who had partaken of some jelly coloured with it.—*London Journal of Medicine*, vol. i. p. 792.

“Two years since Professor Louyet, of Brussels, wrote to inform and caution us concerning the fact, that bon-bons, coloured with an unusual quantity of chromate of lead, were being manufactured largely in London, and exported thence to Belgium. The bon-bons in question consisted of a species of aromatized sugar, coloured yellow throughout its mass, exhibiting the scent and flavour of lemon, and encrusted with a species of transparent red-currant shell. Very recently some cheap almond and caraway comfits have been sold at the grocers' and confectioners' in many parts of London, which are coloured yellow by means of this pigment, for I have detected as much as half a grain of chromate of lead in three of these comfits.

"This dangerous practice of colouring sweetmeats, &c., with poisonous substances is, unhappily, not peculiar to the English; for very recently some cases have been reported by MM. Houze and Jaubert, in which four persons were seriously attacked, after having partaken of some bon-bons which were coloured with arsenite of copper. One of the patients (a child aged six years) died from the effects of the poison, after an illness of two days; and a second child was brought so near to the grave, that she did not recover for two years after the accident. So, again, it is recorded by Chevallier, that at a breakfast given on a festive occasion, by an eminent Parisian lawyer, a boar's head was decorated, in a very artistic manner, with masses of fat, which were coloured of a lively red and green tint. One of the guests, who was well acquainted with chemistry, suspecting that the pigment might be poisonous, retained a portion of the fat for further examination, and he found that it contained about 2 per cent. of arsenite of copper.—*Journal de Chirur. Med.*, Jan., 1847.

"All these facts, and there are many others of a like character which relate to the trade of the pickle-merchant, are sufficient to show that, however difficult it may be for the Home Secretary to give a correct definition of a poison, or even a complete list of poisonous substances, it is high time that the Government should take some steps to protect the lives of the community from danger, by imposing a sufficient check upon the present unrestricted sale and use of these, and such as these, the commoner poisons."—*Medical Times*.

## EFFECTS OF FRIGHT UPON CHILDREN.

A lady went to a party, leaving her infant at home under the care of a nurse-maid. In the midst of the festivities, a presentiment that something was wrong haunted her mind, and she could not escape from this depressing idea. She therefore returned home. She found that the servants had taken advantage of her absence to invite a number of friends, and were enjoying themselves, the nurse-maid among them, in the kitchen. The lady was told that the infant was asleep in bed, and hurried up-stairs. She found her child sitting quietly, and looking towards the foot of the bed, where some sort of a bundle was dressed up. The mother, delighted at the falsification of her presentiment, flew to the child, but in a moment perceived that it was dead. It came out that the nurse-maid, anxious to join in the merriment, had put the child to bed, dressed up a figure at the bottom of the bed, and told the child that if it were not quiet, this thing would come and take it. Many similar tales might be related; I will add four others.

"About three weeks since two children, belonging to a man named Brown, formerly a waiter at the Globe Hotel, Exmouth, the one four, and the other a few years older, were sent by the mother, who keeps a mangle, after a basket of clothes, and were met on the way by some boys, one of whom had on a most hideous-looking mask. The boy, seeing the chil-

dren frightened, ran after them, repeating some gibberish, which frightened them more, and having followed them until they turned the corner of the street, transferred the mask to another boy, who managed again to come in contact with the poor children, who returned home instantly; when their parents, seeing them so pale and trembling very much, inquired what the matter was, which they explained as well as they could. The shock, however, was so great, that they never recovered it. Their health declined daily. The one died three weeks after, and the other on Wednesday week. Each of them in his illness often exclaimed, 'He is coming; I see him; there he is,' with other like expressions."—*Illustrated London News*, Dec. 21st, 1850.

"A little girl, ten years old," says Dr. West, "is now under my care, who will, I fear, become permanently epileptic. She was at home in the same room with her parents, when a quarrel arose between them, and her father struck her mother; the child in terror ran into the street, and was picked up in a fit. After this had passed off, she continued well for five days; but another fit then came on, while she was at the Sunday school, and she has since had several. They have indeed returned almost every other day; and on some days two or three of these seizures, which present all the characters of epilepsy, have occurred."

I myself knew a female between the age of thirty and forty, who had suffered from epilepsy from her childhood. The disease originated thus:—When a little girl, having committed some trifling offence, her aunt put her up the

chimney. When she came down and saw her dress all covered with soot, she was dreadfully frightened, and immediately fell into a fit. From that period, she became an incurable epileptic.

*“Worship Street.—Matilda Humphries, a middle-aged woman of respectable appearance, was charged with assaulting Louisa Thompson, ten years of age.*

*“The complainant, a pretty-looking child, but whose head appeared to be so seriously affected that she frequently lost the chain of her evidence altogether, and was obliged to be assisted by questions from the magistrate, stated, that her parents lived in Spring Street, Twig Folly, near Bow, and, having been sent out by her mother on the afternoon of the 16th of September last, to give the baby an airing, she was passing down the street, when the defendant, who only lived two doors off, called her into her house, and asked her to go up-stairs and fetch down one of her children, called ‘Little Freddy.’ She went up-stairs, but could find no ‘Freddy,’ and was about to come out of the room, when a figure dressed up like the devil, in a long white bed-gown, and with a mask on its face, caught hold of her, and seized her by the neck. She was so dreadfully terrified that she immediately lost her senses, and, upon coming to herself some time after, found one of her legs thrust out of the window, as though she had been trying to escape that way. She again became terrified, and began screaming, upon which the defendant hastened up into the room, and, pulling her away from the window, struck her two severe blows, one on her back and the other on her head, with a broom*

handle; while the person who was dressed up like the devil gave her two more stripes across the head with a cane, after which they forced her down-stairs into the street, the defendant increasing her terror by exclaiming that there was the devil after her. She after that became so ill that she had a succession of fits, and was obliged to be taken by her mother to two hospitals, the London Hospital, and that in Gray's Inn Lane; but she did not get much better, and her head, where she was struck with the broom-handle, still pained her much.

"The child was gently cross-examined by Mr. Vann, who was retained for the defence, to elicit the fact whether she was not constitutionally subject to fits; but the little girl said that she had never had a fit before she was so frightened and received the blow on her head, and that she was taken to the hospitals for both affections.

"Eliza Thompson, the child's mother, stated that her daughter had been a remarkably healthy girl until she had sustained this treatment, but that ever since then she had been affected in her head, appeared to have at times lost the greater part of her senses, and seemed 'silly-like.' When she sent her out with the infant, she ought to have been back at five o'clock, to take his tea to her father, who worked at a factory in the neighbourhood; but, as she did not return, she went out to look for her between six and seven, and, finding her with the defendant, asked the latter if she knew where she had been. The defendant replied that the girl had been at play in the fields, but said nothing about her

being at her house, and as, when she did meet her, the baby's eyes appeared swollen with crying, and the girl asserted that she had been at the house of the defendant, she thought she had told a falsehood, and corrected her across the arms with a bit of rope, but did not touch her near the head. The next morning the child could not get out of bed, seemed very ill, and complained of dreadful pains in her head, in consequence of which she examined her head, and then found a puffy or pulpy lump at the back of it. Some time after that she fainted, and on recovering her senses commenced screaming in a very terrible manner, and in a state of the greatest terror clung to her, and entreated her 'not to let the devil have her.' Witness thought she had gone mad, and told her father so; but, as she continued next to have a series of alarming fits in rapid succession, a medical gentleman was sent for, who prescribed remedies for her, but she had continued nearly in the same imbecile state ever since; and, as the surgeon expressed his conviction that the girl had been suddenly terrified, this led to further inquiries, and the child then told her the treatment to which she had been subjected. The witness declared that her daughter had never been afflicted with fits before this occurrence, and that she noticed, when she met her with the infant, that she appeared terrified and half-idiotic, though she had then no suspicion of the cause. The witness confirmed her daughter's statement as to her being subsequently taken to two hospitals, by stating that after being in one some time she was discharged

from that, as apparently cured, but that the fits came on again, and she was therefore made a patient of the second.

"This evidence having been partially corroborated by that of a girl named Louisa Lake,

"Mr. Vann addressed the magistrate on behalf of his client, denying the charge altogether, and contending that it had been preferred in consequence of former disagreements between the women ; but

"Mr. Hammill said that it was a very extraordinary case, and one that he regarded in a serious light ; he should therefore order the further hearing of it to be adjourned for a week, and in the mean time the officer must endeavour to procure the attendance of some of the medical gentlemen under whose care the child had been placed, to depose to the condition in which they had found her, and the probable cause of such a sudden affliction."—*The Times*.

THE END.

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